



F. D. THOMAS, INC.
APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, gender, sex, national origin, age, sexual preference, marital or veteran status, or the presence of a medical condition or handicap or any other protected class.

PERSONAL INFORMATION:

Today's Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

List any other name(s) that you have used for reference purposes: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Permanent Address (if different than above): _____

City: _____ State: _____ Zip: _____

Do you have a resume? Yes or No (please attach if so) _____ Social Security Number: _____

Primary (day) Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Are you authorized to work in the U.S? ____ Yes ____ No. Are you at least 18 years of age: ____ Yes ____ No

Do you speak or read more than one language? ____ Which language(s): _____

My driver's license is: Valid Not Valid N/A Driver's License Number: _____ State: _____

EMPLOYMENT DESIRED:

Position(s) Desired: _____ Wage/Salary Desired: _____

When are you available? _____ Are you currently employed? _____

If so, may we contact your present employer? _____ Name/Phone Number _____

If you have applied to this company before, Please indicate where and when. _____

Do you seek full or part-time employment? _____ Number of hours preferred? _____

Are there any days/times you cannot work? Which? _____ Can you work overtime if required? _____

List all special skills, certifications, experience or qualifications related to the position. Please list all that apply (i.e. typing speed, computer literacy, First Aid, equipment, tools, framing, concrete, etc):

PREVIOUS EMPLOYMENT: *(List Most Recent Employer First) - FAILURE TO COMPLETE THIS APPLICATION (IN WHOLE) MAY RESULT IN NOT BEING CONSIDERED FOR EMPLOYMENT. PLEASE DO NOT SUBSTITUTE A RESUME. RESUMES MAY BE ATTACHED.*

Month and Year	Name and Location	Phone Number	Position Held	Salary	Reason for Leaving
1	From				
	To				
2	From				
	To				
3	From				
	To				
4	From				
	To				

REFERENCES: Please list 3 **NON-RELATIVES** whom you have known for more than 1 year.

	Name and Address	Telephone Number	Relationship/ Years Known
1			
2			
3			

EDUCATIONAL HISTORY:

School Type	Name and Location	Phone Number	Graduated Yes or No	Subjects Studied/Major
High School				
College University				
Trade /Other				

EMERGENCY CONTACT:

Name _____ Address _____ City _____ State/Zip _____ Primary Contact # _____

_____ (initial) I authorize the companies, organizations, employers, schools, persons, or entities listed on this employment application to give any information regarding my employment, character, qualifications, certifications and licenses and verify all dates and facts. I hereby release said companies, organizations, employers, schools, persons or entities from all liability for any damage for issuing this information. I authorize investigation of all statements contained in this application to include (but not limited to) verification of present and previous employment and personal references. I understand that misrepresentation or omission of facts can lead to refusal to hire or discharge at any point. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages, be terminated at any time without any previous notice. Upon acceptance of employment with this company, I understand and agree that I will be required to take a Physical Examination and a Pre-Employment Drug Test.

Applicant Signature: _____ Date: _____

F.D. Thomas, Inc. is an Equal Opportunity Employer