



# Application for Employment

P.O. Box 879 Aiea, Hawaii 96701  
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 Website: [www.usssmissouri.org](http://www.usssmissouri.org)  
 Email: [bigmo@usssmissouri.org](mailto:bigmo@usssmissouri.org)

<b>Date:</b>
<b>Job/ Position you are applying for: (req'd)</b>
<b>How did you hear about this job?</b>

**General Information:**

Name (First, MI, Last)	E-mail Address	Social Security #
Address		Telephone #
City	State	Zip Code

**EMPLOYMENT RECORD:** STARTING WITH present or MOST RECENT, list all previous employers. Include self-employment, military service, summer, and part-time jobs. Please attach additional sheets if necessary, following the same format.

Name & Address of Former Employer		Dates Employed	Position & Duties	Salary	Reason for Leaving
<b>Company Name</b>	Phone	From To M/Yr. M/Yr.		Starting \$	
No. & Street				Leaving \$	
City & State	Zip			Supervisor's Name	
<b>Company Name</b>	Phone	From To M/Yr. M/Yr.		Starting \$	
No. & Street				Leaving \$	
City & State	Zip			Supervisor's Name	
<b>Company Name</b>	Phone	From To M/Yr. M/Yr.		Starting \$	
No. & Street				Leaving \$	
City & State	Zip			Supervisor's Name	
<b>Company Name</b>	Phone	From To M/Yr. M/Yr.		Starting \$	
No. & Street				Leaving \$	
City & State	Zip			Supervisor's Name	

**PROFESSIONAL REFERENCES:** (Not relatives)

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

**EDUCATION:**

	Name of School	Address of School	No. of Yrs.	Degrees
Elementary				
Junior High/ Intermediate				
High School				
College				
Other (trade School, etc.)				

**MEDICAL INFORMATION:**

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at Company expense and by Company-chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

\_\_\_\_\_  
Applicant's Initials

Are you able to perform the essential functions of this job with \_\_\_\_\_ OR without \_\_\_\_\_ reasonable accommodation?

**OTHER:**

Do you know anyone presently working for our company? \_\_\_\_\_ If so who? \_\_\_\_\_

**NOTE:**

It is the policy of this company to hire only U.S. citizens and aliens who are authorized to work in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9.)

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission when discovered, will subject me to discharge and I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Applicant's Signature