



Select the print option and change destination to Save As and save to your computer and submit file with your email to: application@serfinc.com

Application For Employment

Name:		Date:			
Address:		SS Number:			
City/State:		Position Applying	g for:		
Zip/Postal Code:		Full-Time	O Part-time	Full or part-time	
Home Phone:	Cell Phone:	Date available :	Salary Desired:		
Are You Employed?	_If so, Employers Name:		Pho	ne:	
May we inquire of your present employer?	Ever applied to this Co	mpany before ?	When?		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?					

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Background

Have you ever been convicted of a Felony: 🔵 y	es 🔵 no
lf yes, please explain:	

Do you have a drivers license? 🔿 yes 🔿 no			
State of issue:			
Have you had any accidents in the past 3 years? O yes O no	D How many?		
Have you had any moving violations in the past 3 years? \bigcirc yes \bigcirc no	D How many?		
Emergency Contacts			
Name:	Phone:		
Address:	Relationship:		
Name:	Phone:		
Address:	Relationship:		

Previous Employment (last one first)

1.							
Name of Employer:			Address:				
Dates of employment:			Salary:				
From:	1	Го:		Beg:		End:	
List the jobs you held, d	uties performed, ski	lls used or learned, advan	cements, or pro	omotic	ons while you worked at th	is comp	oany:
Reason for Leaving (Ple	ase be specific):						
2.	• • •						
Name of Employer:			Address:				
Dates of employment:			Salary:				
From:		Го:		Beg:		End:	
List the jobs you held, d	uties performed, ski	lis used or learned, advan	cements, or pro		ons while you worked at th		any:
Reason for Leaving (Ple	ase be specific):						
3.							
Name of Employer:			Address:				
Dates of employment:			Salary:				
From:	1	Го:		Beg:		End:	
List the jobs you held, d	uties performed, ski	lls used or learned, advan	cements, or pro	omotic	ons while you worked at th	is comp	bany:
Reason for Leaving (Ple	ase be specific):						
Please list 2 refere	nces other tha	n relatives and prev	rious emplo	oyers			
Name							
Position							
Company							
Telephone							
OF FACTS CALLED FOR IS	CAUSE FOR DISMISS	AL. FURTHERER, I UNDERST	AND AND AGREE	E THAT	TAND THAT MISSREPRESENT MY EMPLOYMENT IS FOR N ANY TIME WITHOUT ANY PR	O DEFIN	ITE PERIOD AND
SIGNATURE:					DATE:		

PRE-EMPLOYMENT AGREEMENT - PLEASE READ CAREFU	LLY	Do Not Write in This Box	
l understand that upon commencement of employment with the submit to a urinalysis screen and Background Check. I understand	Start Date:		
Background Check or failure to meet the minimum standards for	Position:		
employed, immediate suspension or discharge. I HAVE READ IN FULL AND UNDERSTAND THE ABOVE STATMENTS	Starting Wage:		
SIGNATURE:	DATE:	 Temporary 	
DRIVERS LICENSE NUMBER:	STATE:	🔵 Full Time	