

# FRATFIX, Inc. Employment Application

DATE: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Are you 18 years old or older?  Yes  No

If not, please give your date of birth: \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

If you are hired, when can you start work? \_\_\_\_\_

## EDUCATION

### *High School*

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Did you graduate?  Yes  No Date of graduation: \_\_\_\_\_

### *Trade School*

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Did you graduate?  Yes  No Date of graduation: \_\_\_\_\_

## EMPLOYMENT HISTORY

Beginning with your most recent employment and working back in time, please give the following information:

### *Employer 1*

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### *Employer 2*

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

***Employer 3***

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PERSONAL REFERENCES**

Please provide the names of two references that have not employed you and are not related to you.

***Reference 1***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

***Reference 2***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ADDITIONAL QUALIFICATIONS**

Please tell us about any other training, education, skills or achievements that you feel should be considered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have carefully completed this application form, and I verify that all the information that I have provided is accurate.

Date: \_\_\_\_\_

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