



Employment Application

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.		
Position Applied for	Desired Salary		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION

High School	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

VERIFICATION AND SIGNATURE

I verify that all of the information I have submitted in this Employment Application and in all of my communications with this company is entirely truthful and accurate. I understand that if any of this information is discovered to be untruthful or inaccurate, this company shall be entitled to reject my application, withdraw any offer of employment, or terminate my employment, regardless of when the discovery is made.

Signature	Date
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OFFICE USE ONLY

Interviewed By	Date:	Recommend Hire Yes <input type="checkbox"/> No <input type="checkbox"/>	Position:
Initial Drug Testing	Date:	Results: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
Background Checks	CDCR <input type="checkbox"/> Date:	Results: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	EAFB <input type="checkbox"/> Date:
I-9 Completed <input type="checkbox"/>	W-4 Completed <input type="checkbox"/>	Copies of: ID/Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> New Hire Policy Packet Signed <input type="checkbox"/>	
Start Date	Safety Training: IIPP <input type="checkbox"/> Date:	Rio Tinto- SHEAP <input type="checkbox"/> Date:	MSHA <input type="checkbox"/> Date:
Starting Pay	Hourly <input type="checkbox"/> Annual Salary <input type="checkbox"/>	Entered in QB <input type="checkbox"/> Date:	By: