**Employment Application Form PDF**

### **Personal Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_\_**
* **Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Employment Desired**

* **Position Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Desired Salary: $\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_**
* **Date Available to Start: \_\_\_ / \_\_\_ / \_\_\_\_\_\_**
* **Type of Employment: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal**

### **Education Background**

* **High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Graduation Year: \_\_\_\_\_\_**
* **College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Degree: \_\_\_\_\_\_ | Year: \_\_\_\_\_\_**
* **Other Training/Certifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Previous Employment**

| **Employer** | **Position** | **Employment Dates** | **Reason for Leaving** |
| --- | --- | --- | --- |
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### **References**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |**
* **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |**
* **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |**
* **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |**
* **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Declaration**

* **☐ I hereby declare that the information provided is true and complete to the best of my knowledge.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_**

**EMPLOYMENT VERIFICATION**

[Company Logo]

[Current Date]

Re: Employment Verification for [Employee Name]

To Whom It May Concern:

This letter is to certify that [Full Name] [is/was] an employee at [Company Name] and [is/was] working as a full-time [Job Title] since [Start Date] to [Term Date]. [His/Her] gross salary [is/was] $[Amount] per annum.

If you have any questions regarding [Mr./Ms.] [Last Name]’s employment, please contact our office at [HR phone number].

Sincerely,

[Signature of authorizing person]

[Name of authorizing person]

[Title of authorizing person]