

AFFOLDER IMPLEMENT SALES, INC.

Employment Application

Phone: (260) 589-2964

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Email: chris@affolders.com

Website: www.affolderequip.com



SALES • SERVICE • PARTS

APPLICANT INFORMATION

Last Name		First		M.I.		Date		
Street Address						Apartment/Unit #		
City				State		ZIP		
Phone				E-mail Address				
Date Available				Social Security No.			Desired Salary	
What type of employment are you looking for? (Full Time, Part Time, Seasonal)								
What type of position are you interested in? (Parts, Service, Admin, Sales, Other)								
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					

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
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

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

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
----------------------------------------------------------	------------------------------	-----------------------------

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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MILITARY SERVICE

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

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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