



## FANCHER CHAIR COMPANY

Employment Application

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
City	State	Postal Code			
Phone	Cell				
Email					
Date Available	Desired Wage		Willing to work 2 <sup>nd</sup> or 3 <sup>rd</sup> shift?		
Kind of work desired?			Kind of work you can do?		
Are you a United States citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when & what department?		
Do you know anyone currently working for us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?		

EDUCATION					
High School			City & State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma
College/ University			City & State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			City & State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
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	Starting Wage	\$	Ending Wage \$
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	Starting Wage	\$	Ending Wage \$
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	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. I hereby grant permission to investigate any of the above information and to submit to medical examination if required.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. This application does not indicate that there are positions available and does not in any way obligate this company.</p>	
Signature	Date