

# EMPLOYMENT APPLICATION



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

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
VALID VIRGINIA DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE ENDORSEMENTS

\_\_\_\_\_  
PREVIOUS CITATIONS OR VIOLATIONS

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED AT THE BLAIR BROS., INC.? \_\_\_\_\_  
YES OR NO

\_\_\_\_\_  
HIS/HER NAME

\_\_\_\_\_  
POSITION DESIRED

\_\_\_\_\_  
DATE AVAILABLE TO START WORK

\_\_\_\_\_  
WAGES DESIRED

\_\_\_\_\_  
CURRENT EMPLOYER

\_\_\_\_\_  
MAY WE CONTACT YOUR EMPLOYER: YES / NO

DO YOU HAVE TRANSPORTATION TO & FROM WORK: YES / NO

DESIRED EMPLOYMENT: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ TEMPORARY \_\_\_\_\_

HAVE YOU EVER TESTED POSITIVE FOR DRUGS WITH A PREVIOUS EMPLOYER: YES / NO

WORK HISTORY (START WITH MOST RECENT EMPLOYMENT):

1. \_\_\_\_\_  
EMPLOYER START DATE FINISH DATE WAGES

\_\_\_\_\_  
REASON FOR LEAVING

2. \_\_\_\_\_  
EMPLOYER START DATE FINISH DATE WAGES

\_\_\_\_\_  
REASON FOR LEAVING

3. \_\_\_\_\_  
EMPLOYER START DATE FINISH DATE WAGES

\_\_\_\_\_  
REASON FOR LEAVING



**EMPLOYMENT APPLICATION CONTINUED**

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**EDUCATION**

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**EDUCATION**

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**EDUCATION**

**ARE YOU A U.S. CITIZEN: YES / NO**

**IF NOT, ARE YOU AN ALIEN AUTHORIZED TO WORK IN THE US: YES / NO**

**THE FOLLOWING INFORMATION IS OPTIONAL:**

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**DATE OF BIRTH**

**SEX: MALE OR FEMALE**

**RACE**

**NOTICE TO ALL APPLICANTS AND EMPLOYEES:**

**SCREENING TESTS FOR ILLEGAL DRUG USE MAY BE REQUIRED BEFORE HIRING AND DURING YOUR EMPLOYMENT WITH THE BLAIR BROS., INC.**

**I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for an indefinite period and may, regardless of the date of payment of my wages, be terminated at any time without previous notice.**

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**SIGNATURE**

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**DATE**