



APPLICATION FOR EMPLOYMENT

PERSONAL

Client Company Name: _____ Date: _____

Name: _____ Phone: _____

Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

Job applying for: _____ Job status applying for: Full-Time Part-time Temporary

When are you available to begin work? _____

Are you legally eligible to be employed in the United States? Yes No
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? Yes No *If no, you may be required to provide authorization to work)*

Have you ever worked for SWBC Professional Employer Services? Yes No

If yes, please provide the Client Company name and Job Title: _____

When? Please provide beginning and ending dates: From: _____ To: _____

Have you ever been convicted, or pled guilty or no contest to, a felony offense? Yes No
(For purpose of employment with SWBC Professional Employer Services and the Client Company, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication), and court-ordered restitution.) If yes, describe conditions: _____

If you are applying for a job that involves driving, please provide the following:

Driver's License number: _____ State Driver's License was issued: _____

What type of Driver's License do you have? Regular _____ Commercial _____ Class: _____

EDUCATION & TRAINING

	High School	College(s)	Technical School(s)
Name of School			
Address of School			
Number of Years Completed			

SKILLS

Please describe any specialized training and/or skills that would assist us in evaluating your application:



EMPLOYMENT HISTORY		
Give name and address of last two (2) employers, beginning with your present or most recent employer.		
	Employer Information	Position
From (Month/Year)	Name	Describe Responsibilities
To (Month/Year)	Address	
Starting Pay	Supervisor	Reason for Leaving
Ending Pay	Phone Number	
	Employer Information	Position
From (Month/Year)	Name	Describe Responsibilities
To (Month/Year)	Address	
Starting Pay	Supervisor	Reason for Leaving
Ending Pay	Phone Number	

SWBC Professional Employer Services (“SWBC PEO”) and the Client Company are equal opportunity employers and do not discriminate in recruitment, hiring, training, promotion, or other employment policies on the basis of age, race, sex, color, religion, national origin, disability, veteran status or any other basis that is prohibited by federal, state or local law.

I certify the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge regardless of time of discovery. I also understand that I am required to abide by all rules and regulations of SWBC PEO and the Client Company.

Applicant Signature: _____ Date: _____