



# Application For Employment

Armstrong's Supply Company, Inc.  
is an Equal-Opportunity Employer



## Personal Information

Name (Last, First, Middle Initial)			Social Security Number	
Present Address	Apt.	City	State	Zip Code
Permanent Address	Apt.	City	State	Zip Code
Previous Address	Apt.	City	State	Zip Code
Phone	Cell		Are you 18 years of age or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email			Are you legally authorized to work in the USA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contact Name			Phone	

## Desired Employment

Position			Date You Can Start	Salary Desired
Desired Schedule	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Any Available <input type="checkbox"/>	If Part-Time, Approximate Number of Hours You Can Work (Weekly)
Are You Currently Employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If So, Are You Employed By a Customer of Armstrong's Supply Company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Currently Employed, By Whom?		Supervisor's Name		
May We Inquire of Your Present Employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have You Ever Applied To Armstrong's Supply Company Before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How Did You Find Out About This Position?	Employment Agency <input type="checkbox"/>	Friend <input type="checkbox"/>	Newspaper <input type="checkbox"/>	State Agency <input type="checkbox"/> Posted Sign <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/>

## Education

High School	Name, City, State	Years Attended	Highest Level Completed
College	Name, City, State	Years Attended	Highest Level Completed
Trade, Business or Correspondence School	Name, City, State	Years Attended	Highest Level Completed
Subjects of Special Study or Research Work			
Special Training, Certificates, Licenses			
Special Skills, Foreign Languages, Etc.			

**Employment History**

Name of Present or Last Employer				
Address		City	State	Zip Code
Starting Date	Leaving Date		Job Title	
Starting Salary (Weekly)	Leaving Salary (Weekly)		May We Contact Your Supervisor?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Supervisor		Title	Phone	
Description of Job Duties				
Reason For Leaving				

Name of Previous Employer				
Address		City	State	Zip Code
Starting Date	Leaving Date		Job Title	
Starting Salary (Weekly)	Leaving Salary (Weekly)		May We Contact Your Supervisor?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Supervisor		Title	Phone	
Description of Job Duties				
Reason For Leaving				

Name of Previous Employer				
Address		City	State	Zip Code
Starting Date	Leaving Date		Job Title	
Starting Salary (Weekly)	Leaving Salary (Weekly)		May We Contact Your Supervisor?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Supervisor		Title	Phone	
Description of Job Duties				
Reason For Leaving				

## References

List Professional References Whom We May Contact

Name	Position	Phone	Relationship To You
Name	Position	Phone	Relationship To You
Name	Position	Phone	Relationship To You
Name	Position	Phone	Relationship To You

## Service Record

Have You Ever Served in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	If So, Branch of Service
Discharge Date	Rank at Discharge

Have You Ever Been Convicted Of, Plead Guilty or No Contest To, Or Had a Suspended Imposition of Sentence For Any Offense (Other Than A Minor Traffic Violation?) Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Explain
_____
_____
_____

*A Conviction Record Will Not Necessarily Exclude You From Consideration. This Information Will Be Used Only For Job-Related Purposes and Only To The Extent Permitted By Law*

## Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release Armstrong's Supply Company, Inc. from all liability and damage that may result from utilization of such information.

I also understand and agree that no representative of Armstrong's Supply Company, Inc. has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by a Company Executive.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans With Disabilities Act and other relevant Federal or State laws.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature