



## Application For Employment

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Current Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birth Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

\_\_\_\_\_ Emergency Contact's Phone: ( ) \_\_\_\_\_

### Education

High School: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Did you Graduate: \_\_\_\_\_ If not do you have a GED: \_\_\_\_\_

**Education**

College: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

Did you Graduate: \_\_\_\_\_ Major/ Contraction  
of studies: \_\_\_\_\_

**Education**

Trade School: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

Did you Graduate: \_\_\_\_\_ Major/ Contraction  
of studies: \_\_\_\_\_

**Former Employers: List last 3 employers starting with most recent**

Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Former Employers**

Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

**Desired Employment**

Position: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**References List 3 references that you are not related to**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

**References**

**Full Name:** \_\_\_\_\_  
*Last* *First* *M.I.*

**Address:** \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

**Primary Phone:** ( ) \_\_\_\_\_ **Alternate Phone:** ( ) \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**References**

**Full Name:** \_\_\_\_\_  
*Last* *First* *M.I.*

**Address:** \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

**Primary Phone:** ( ) \_\_\_\_\_ **Alternate Phone:** ( ) \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Authorization**

" I certify that the facts 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 on this application contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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 an authorized company representative."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please email completed form to [tola@seraphicsprings.com](mailto:tola@seraphicsprings.com) or mail to

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Suite 810  
Salem, MA 01970