## Employment Application Form

# Flagstaffers, LLC

8285 Wellington Rd.

Manassas, VA 20109

Ph. (703) 330-1505 Fax (703) 330-1506

[www.flagstaffers.com](http://www.flagstaffers.com) email [flagstaffers@gmail.com](mailto:flagstaffers@gmail.com)

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| Personal Information | | | | | | | | | | | | | |
| Full Name: |  | | | | |  | | | | | | |  |
| Last | | | | | | First | | | | | | | M.I. |
| Address: |  | | | | | | | | | | | |  |
| Street Address | | | | | | | | | | | | | Apartment/Unit # |
|  |  | | | | | | | | |  | | |  |
| City | | | | | | | | | | State | | | ZIP Code |
| Home Phone: | ( ) | | | Alternate Phone: | | | ( ) | | | | | | |
| E-mail Address: | | | | | | | |  | | | | | |
| Social Security Number : | | Birth Date: | | | Marital Status: | | | | | | Gender: | | |
|  | |  | | |  | | | | | |  | | |
| Employment desired: | Full-Time Only ( ) | | Part-time Only ( ) | Full-or Part-time ( ) | | | | | When available for work? | | | | |
| Can you work on the weekends? [ ] Y or [ ] N | | | | | | | |  | | | | | |
| Education | | | | | | | | | | | | | |
| TYPE OF SCHOOL | NAME OF SCHOOL | | | LOCATION | | NUMBER OF YEAR COMPLETED | | | | | | MAJOR & DEGREE | |
| High School |  | | |  | |  | | | | | |  | |
| College |  | | |  | |  | | | | | |  | |
| Bus. Or Trade School |  | | |  | |  | | | | | |  | |

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| Have you ever been convicted of a crime? ( ) No ( ) Yes  If yes, explain number of conviction (s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . |

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| DO YOU HAVE A DRIVER’S LICENSE? \_\_\_ Yes \_\_\_ No  What is your means of transportation to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Driver’s license number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of issue \_\_\_\_\_\_\_ Expiration date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Operator \_\_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_\_\_\_\_ |
| Have you had any accidents during the past three years? How many? \_\_\_\_\_\_\_\_\_ |
| Have you had any moving violations during the past three years? How many? \_\_\_\_\_\_\_\_\_ |

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| Emergency Contact Information | | | | | | | | |
| Full Name: |  | | | |  | | |  |
|  | Last | | | | First | | | M.I. |
| Address: |  | | | | | | |  |
|  | Street Address | | | | | | | Apartment/Unit # |
|  |  | | | | | |  |  |
|  | City | | | | | | State | ZIP Code |
| Primary Phone: | | ( ) | Alternate Phone: | ( ) | | Relationships: | | |

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| **Work Experience** | **Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.** |

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| Name of employer : | | Address: | |
| Phone number: | Name of Last Supervisor: | | Employment dates:  From: To: |
| Reason for leaving: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer : | | Address: | |
| Phone number: | Name of Last Supervisor: | | Employment dates:  From: To: |
| Reason for leaving: |  | | |

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| **Please Read then Sign Below**  **I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.**  **Applicant's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| --- | --- |
| DO NOT WRITE BELOW THIS LINE | |
| **Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comments:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Hire: YES ( ) NO ( ) Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Employee ( ) Subcontractor (** ) **Start Date:**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Approved by:** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Included in payroll by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |