## 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

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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 ( ) YesIf 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 \_\_\_ NoWhat 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: |

|  |  |
| --- | --- |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |