



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, disability or any other legally protected status. Frontier Business Systems is an Equal Opportunity Employer.

Position Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	Street	City	State Zip
Telephone (Day)	(Evening)	(Message)	Social Security Number

How did you learn about us?
 Advertisement Employment Agency Friend/Relative Other _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before?
Are you currently employed? Yes No Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship will be required upon employment.) Yes No

Do you have a dependable means of transportation to and from work? Yes No

Would you be willing to use your car for work if required? (Mileage is paid when this occurs.) Yes No

Do you have a clear driving record? (A copy of your DMV record must be provided prior to hire) Yes No

If no, please explain: _____
Is your vehicle insured? Yes No

Have you been convicted of a felony? (Conviction does not necessarily disqualify an applicant from employment.) Yes No

If yes, please explain: _____
Are you currently on "lay-off" status and subject to recall? Yes No

Are you a member of any Union? If yes, which one? _____
Are you available for work: Full Time Part Time Temporary _____ Hours available?
On what date would you be available for work? _____

Education

	Name/Location of School	Major/Minor	Years Completed	Diploma Degree	GPA
High School <input type="checkbox"/>					
College(s) <input type="checkbox"/>					
<input type="checkbox"/>					
Technical School(s) <input type="checkbox"/>					
<input type="checkbox"/>					

Employment Experience (Start with your present or most recent employment. Include military service. Can substitute resume with details)

Employer	From (MM/YY)	To (MM/YY)	Work Performed
Address <input type="checkbox"/>			
Telephone Number(s) <input type="checkbox"/>	Starting Salary	Ending Salary	
Reason for Leaving <input type="checkbox"/>			
Employer	From (MM/YY)	To (MM/YY)	Work Performed
Address <input type="checkbox"/>			
Telephone Number(s) <input type="checkbox"/>	Starting Salary	Ending Salary	
Reason for Leaving <input type="checkbox"/>			
Employer	From <input type="checkbox"/> (MM/YY)	To <input type="checkbox"/> (MM/YY)	<input type="checkbox"/> Work Performed

Address <input type="checkbox"/>			
Telephone Number(s)	Starting Salary	Ending Salary	
Reason for Leaving <input type="checkbox"/>			

References

<input type="checkbox"/> 1.	_____	_____	_____
<input type="checkbox"/>	(Name)	Relationship	Phone Number

	(Address)		
<input type="checkbox"/> 2.	_____	_____	_____
<input type="checkbox"/>	(Name)	Relationship	Phone Number

	(Address)		
<input type="checkbox"/> 3.	_____	_____	_____
<input type="checkbox"/>	(Name)	Relationship	Phone Number

	(Address)		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I 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. I further understand that I am required to abide by all rules and requirements imposed by Frontier Business Systems.

_____ Date

_____ Signature of Applicant