

# FOOTEWORK EMPLOYMENT APPLICATION

**AN EQUAL OPPORTUNITY EMPLOYER**  
It is the policy of FooteWork Auto License & Title Service to provide equal opportunity in employment. Selection and employment of applicants shall be made on the basis of their qualifications, without regard for age, disability, national origin, race, color, religion or sex.

<b>POSITION TITLE (S):</b>			<b>DATE :</b>		
Social Security Number		Applicant Name (Last, First, M.I.)		Street Address	
Home Phone		E-Mail Address		City, State, Zip Code	
		Type of Position : <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		Date Available for Work	
Do you have the legal right to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		Work Holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO		Work Weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				Have you ever worked for MVD or other state agency? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when and where?	
Have you ever been employed under another name? If YES, please list:  <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever been convicted of a felony or do you have any charges pending?  <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, please explain and give location: Convictions are evaluated in relation to a position and will not necessarily disqualify employment.	
If you are under age 18, please list your age.		Have you ever been discharged from employment?  <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, please explain:	

**WORK HISTORY (Begin with most recent) Are you employed now?  YES  NO May we contact your present employer?  YES  NO**

Name of Company		Complete Street Address		City, State, Zip		Phone Number	
Supervisor's Name		Your Job Title		Date Started		Salary	
				Date Left		Salary	
Briefly describe your responsibilities and accomplishments				Reason for Leaving:			
				Other Information:			
Name of Company		Complete Street Address		City, State, Zip		Phone Number	
Supervisor's Name		Your Job Title		Date Started		Salary	
				Date Left		Salary	
Briefly describe your responsibilities and accomplishments				Reason for Leaving:			
				Other Information:			
Name of Company		Complete Street Address		City, State, Zip		Phone Number	
Supervisor's Name		Your Job Title		Date Started		Salary	
				Date Left		Salary	
Briefly describe your responsibilities and accomplishments				Reason for Leaving:			

	Other Information:
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<b>EDUCATION</b>					
Name of School and Location		DEGREE, CERTIFICATE OR AREA OF STUDY	LIST PROFESSIONAL LICENSES/CERTIFICATIONS:		
HIGH SCHOOL			TYPE	REGIS. #	EXP. DATE
COLLEGE					
OTHER					

Are you able to perform the essential functions of the position (s) for which you have applied, with or without accommodation? Yes  No  If no, please explain:

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**READ THE FOLLOWING STATEMENT CAREFULLY. APPLICATION IS INVALID UNLESS SIGNED BY THE APPLICANT.**

I hereby certify that the facts set forth on this application are true and complete and that any misrepresentation, falsification or willful omission herein shall be sufficient reason for dismissal or refusal of employment. I authorize FooteWork Auto License & Title Service to investigate all information contained in this application including contacting previous employers. I also grant permission to any previous employer to disclose any and all information concerning my previous employment. I understand if I am interviewed or selected as a finalist for a position with FooteWork, my application will be considered "public record," and may be subject to publication.

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Applicant's Signature

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Date