



Application Form

Epiffany, Inc. is an equal opportunity employer and we will not discriminate employment based on race, religion, color, national origin, sexual preference, age or gender. All employment is based on education, experience and other qualifications.

Name: _____ Date of Birth: _____

SSN: _____ DL#: _____ State of issue: _____

Height: _____ Weight: _____ Sex: M F Race: _____

Address: _____ apt/ste: _____

City: _____ State: _____ Zip: _____

Home phone #: _____ Pager: _____

Cell phone #: _____

Which shift would you prefer? Day Night/weekends Part-time

Are you looking for permanent work? Yes No

Have you ever applied before to this company before? Yes No

Do you object to submitting to a drug test? Yes No
(company policy supports random drug testing)

Can you show proof of automobile insurance? Yes No
(periodic showing proof of insurance is company policy)

Name of insurance carrier: _____

Policy #: _____ Expiration date: _____

Have you ever been convicted of a felony? Yes No

If yes, when and what for? _____

Are you currently on probation or parole? _____

Have you ever been convicted of a misdemeanor? Yes No

If yes, when and what for? _____

Are you currently on probation or parole? Yes No

Will you submit to a polygraph? Yes No

Can you pass a background check? Yes No

Do you object to a background check? Yes No

If yes, why? (Please explain)_____

Do you have dependable transportation? Yes No

Type of vehicle(s) owned:

make_____ model_____ license plate #:_____ State:_____

Color:_____ Year:_____

make_____ model_____ license plate #:_____ State:_____

Color:_____ Year:_____

make_____ model_____ license plate #:_____ State:_____

Color:_____ Year:_____

List all vehicle violation(s) in the past 5 years:_____

(If you need more room, add them to the back of this application)

List all vehicle accident(s) in the past 5 years:_____

(Note the date, city and state that each occurred in -- if you need more room add them to the back of this application)

Note: Company procedures and policy may require any and all of the previous to be checked or verified.

Do you own any of the following? Cell phone pager
(please circle all that apply)

Marital Status: Married Single Divorced
(please circle one)

How long have you lived at your present address?_____yrs._____mn.

Are you renting or purchasing? Rent Own
(please indicate which one with a circle)

If less than 5 years please fill in the following (for the last 5 years)

Most recent first

Previous address:_____ apt/ste._____

City:_____ State:_____ Zip:_____

How long?_____ From:_____ to_____

Rent or Own (Please indicate) Landlord:_____

Landlord's address:_____ apt/ste._____

City:_____ State:_____ Zip:_____

Phone number:_____

Previous address:_____ apt/ste._____

City:_____ State:_____ Zip:_____

How long?_____ From:_____ to_____

Rent or Own (Please indicate) Landlord:_____

Landlord's address:_____ apt/ste._____

City:_____ State:_____ Zip:_____

Phone number:_____

Previous address:_____ apt/ste._____

City:_____ State:_____ Zip:_____

How long?_____ From:_____ to_____

Rent or Own (Please indicate) Landlord:_____

Landlord's address:_____ apt/ste._____

City:_____ State:_____ Zip:_____

Phone number:_____

Previous address:_____ apt/ste._____

City:_____ State:_____ Zip:_____

How long?_____ From:_____ to_____

Rent or Own (Please indicate) Landlord:_____

Landlord's address:_____ apt/ste._____

City:_____ State:_____ Zip:_____

Phone number:_____

(If more room is needed use the back of this application or separate sheet)

Work Experience

(Start with most recent) for the last 5 years

Employer:_____ From:_____ to _____

Address:_____ City:_____

State:_____ Phone:_____ Zip:_____

Job duties:_____

May we contact your previous employer? Yes No

If No, why not?_____

Reason for leaving?_____

Employer:_____ From:_____ to _____

Address:_____ City:_____

State:_____ Phone:_____ Zip:_____

Job duties:_____

May we contact this employer? Yes No

If No, why not?_____

Reason for leaving?_____

Employer:_____ From:_____ to _____

Address:_____ City:_____

State:_____ Phone:_____ Zip:_____

Job duties:_____

May we contact this employer? Yes No

If No, why not?_____

Reason for leaving?_____

Employer:_____ From:_____ to _____

Address:_____ City:_____

State:_____ Phone:_____ Zip:_____

Job duties:_____

May we contact this employer? Yes No

If No, why not?_____

Reason for leaving?_____

(If more room is needed use the back of this application or separate sheet)

Education

Elementary School name:_____

From:_____ to _____

City:_____ State:_____

Did you graduate? Yes No

Junior High School (name):_____

Address:_____ From:_____ to _____

City:_____ State:_____

Did you graduate? Yes No

High School (name):_____

Address:_____ From:_____ to _____

City:_____ State:_____

Course of studies:_____

Extra curriculum activities:_____

Awards/Clubs:_____

Did you graduate? Yes No Date of graduation:_____

GED: Yes No Date of completion:_____

College/Vocational (name):_____

Address:_____ From:_____ to _____

City:_____ State:_____

Course of studies:_____

Extra curriculum activities:_____

Awards/Clubs:_____

Did you graduate? Yes No Date of graduation:_____

Degree type:_____ Field:_____

College/Vocational (name):_____

Address:_____ From:_____ to _____

City:_____ State:_____

Course of studies:_____

Extra curriculum activities:_____

Awards/Clubs:_____

Did you graduate? Yes No Date of graduation:_____

Degree type:_____ Field:_____

Hobbies/Special Interest(s)

Clubs/Group(s)/Organization(s)

Military Duty

Branch of Service: _____ Date: From _____ to _____

Stationed: _____

City: _____ State: _____

Type of Discharge: _____ Reserve status: _____

All information contained within these documents will be kept on file for a period of one year. All information given is to be kept in strict confidence.

By signing this application you affirm that the information detailed within is correct and accurate to the best of your knowledge. Falsifying this document can lead to disciplinary action or termination. Epiffany, Inc. is an equal opportunity employer and we will not discriminate employment based on race, religion, color, national origin, sexual preference, age or gender.

Applicant signature: _____ Date: _____

Office use only

Date of Interview: _____ Hire Date: _____ Interviewer: _____

FOR OFFICE USE ONLY

Notes: _____
