



# Application For Employment

6330 East 100 South  
Columbus, IN 47201  
Phone: (812) 378-3797  
Fax: (812) 378-5941

*The Phillips Company, Inc. is an equal opportunity employer*

## Personal Information

Name (Last, Middle, First) \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Are you a US Citizen? \_\_\_\_ If NO-give Visa Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Learned about opening: \_\_\_\_\_

## Education

High School: \_\_\_\_\_

City, State \_\_\_\_\_ Graduation Date \_\_\_\_\_

Undergraduate College \_\_\_\_\_

City, State \_\_\_\_\_

Degree Earned \_\_\_\_\_ Dates Attended \_\_\_\_\_

Graduate School \_\_\_\_\_

City, State \_\_\_\_\_

Degree \_\_\_\_\_ Dates Attended \_\_\_\_\_

## Certification/Licenses

\_\_\_\_\_  
Certification/License Name Granting Organization – City, State

\_\_\_\_\_  
Certification/License Name Granting Organization – City, State

**Work History**

(Give information about your last 3 jobs, starting with the most recent)

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Supervisor (Name & Title) \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact \_\_\_\_ Yes \_\_\_\_ NO  
Duties \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Supervisor (Name & Title) \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact \_\_\_\_ Yes \_\_\_\_ NO  
Duties \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Supervisor (Name & Title) \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact \_\_\_\_ Yes \_\_\_\_ NO  
Duties \_\_\_\_\_  
\_\_\_\_\_

**References**

Name \_\_\_\_\_  
Work Number \_\_\_\_\_ Home Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship to You \_\_\_\_\_ Years known \_\_\_\_\_

Name \_\_\_\_\_  
Work Number \_\_\_\_\_ Home Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship to You \_\_\_\_\_ Years known \_\_\_\_\_

Name \_\_\_\_\_  
Work Number \_\_\_\_\_ Home Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship to You \_\_\_\_\_ Years known \_\_\_\_\_

**Application Statement (PLEASE READ BEFORE SIGNING)**

I hereby certify that all the information contained on this application for employment is true and complete. I authorize The Phillips Company, Inc. to contact all sources necessary to verify this information. I understand that any misstatement or omission is cause for dismissal should I be employed. I understand that if employed, I will furnish proof of age and citizenship or immigration status. I will also furnish any license required to perform my job. I understand that my employment is for no definite period, that this is not an employment contract, and that I may be terminated by The Phillips Company, Inc. at any time without liability for wages or salary except for that earned at the date of termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_