



FOR OFFICE USE ONLY
Start Date: _____
Job Title: _____
Wage Schedule: _____

**APPLICATION FOR EMPLOYMENT**

P.O. BOX 296  
COUNCIL GROVE, KS 66846

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BEST WAY TO REACH YOU: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_

EDUCATION

	SCHOOL NAME	YEARS COMPLETE	MAJOR	GRADUATION DATE
HIGH SCHOOL				
TECH/TRADE SCHOOL				
TECH/TRADE SCHOOL				
COLLEGE				
COLLEGE				



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REQUESTED SALARY RANGE: \_\_\_\_\_

HOW SOON CAN YOU START? \_\_\_\_\_

POSITION CHOICE #1: \_\_\_\_\_

POSITION CHOICE #2: \_\_\_\_\_

POSITION CHOICE #3: \_\_\_\_\_

- Full-Time       Part-Time       Temporary       Summer

Are you legally eligible for employment in the U.S.?       YES       NO

Are you on lay-off and subject to recall?       YES       NO

Could you handle lifting if required?       YES       NO

Would you be willing to submit to a drug test?       YES       NO

Under any circumstance do you have a physical condition which may limit your ability to perform the job applied for?       YES       NO

If answer to the last question is yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

**List the last (3) Employers.**

1.) Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ Wage/Salary: \_\_\_\_\_

Job Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

May we contact this Employer? \_\_\_\_\_



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2.) Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ Wage/Salary: \_\_\_\_\_

Job Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact this Employer? \_\_\_\_\_

3.) Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ Wage/Salary: \_\_\_\_\_

Job Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact this Employer? \_\_\_\_\_

Axe Equipment & Stinger by AXE wants to Thank YOU!



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I CERTIFY THAT ANSWERS GIVEN HERIN 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 ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

Applicant Signature (Printed) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_