

EMPLOYEE INFORMATION AND AGREEMENT FORM

Position Applied For: _____ Department: _____

Personal Information:

Full Name: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Address: _____

Phone Number: _____ Email Address: _____

Employment Eligibility:

Are you legally authorized to work in the United States? (Yes/No): _____

Will you now or in the future require sponsorship for employment visa status? (Yes/No): _____

Emergency Contact Information:

Full Name: _____

Relationship: _____

Phone Number: _____

Employment History (Last 3 Employers):

Employer 1 Name: _____

Position Held: _____

Employment Dates: _____

Reason for Leaving: _____

Employer 2 Name: _____

Position Held: _____

Employment Dates: _____

Reason for Leaving: _____

Employer 3 Name: _____

Position Held: _____

Employment Dates: _____

Reason for Leaving: _____

References (Not Family Members):

Reference 1 Name: _____
Relationship: _____
Phone Number: _____

Reference 2 Name: _____
Relationship: _____
Phone Number: _____

Reference 3 Name: _____
Relationship: _____
Phone Number: _____

Acknowledgments and Agreements:

- I certify that the information provided in this form is true and complete to the best of my knowledge.
- I understand that false or misleading information given in my application or interview(s) may result in discharge.
- I authorize the Company to investigate all statements contained in this application as may be necessary in arriving at an employment decision.
- I understand that employment is contingent upon successful completion of any required background checks and drug screening.
- I agree to conform to all Company policies and procedures and understand that my employment may be terminated at will, with or without cause or notice, at any time.
- I understand and agree that this form and any related documents become the property of the Company and will not be returned.
- I acknowledge receipt of the Company’s Equal Employment Opportunity statement and agree to comply with its policy.

EMPLOYEE SIGNATURE

HR REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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