



# Employee Application Form

3704 Brambleton Ave.  
Roanoke, VA 24018

540-366-1626  
Fax 540-366-0265  
www.germanservice.com

Please Print All Information Requested

Martin's German Service Application For Employment Applicant  
May Be Tested For Illegal Drugs

## Personal Information:

Name: \_\_\_\_\_  
Last First Middle

Present address: \_\_\_\_\_  
Street

City State Zip Code

Years at current address: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Position applied For: \_\_\_\_\_

Employment desired:  Full Time  Part Time  Any Available

How many hours can you work weekly? \_\_\_\_\_ First date available for work: \_\_\_\_\_

Salary desired (please be specific): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name of School	Address	Years Completed	Major & Degree

Have you ever been convicted of a crime?  Yes  No

If YES, please provide a detailed explanation



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Work History: Please list your work experience for the past five years beginning with your most recent job.

JOB #1
Company:
Address:
City State Zip Code
Telephone:
Name of Supervisor:
Job Title:
Start Date:
End Date:
Reason for leaving (be specific):
Job Duties and Tasks Performed:
Starting Hourly Wage: Current Hourly Wage:

JOB #2
Company:
Address:
City State Zip Code
Telephone:
Name of Supervisor:
Job Title:
Start Date:
End Date:
Reason for leaving (be specific):
Job Duties and Tasks Performed:
Starting Hourly Wage: Current Hourly Wage:

JOB #3
Company:
Address:
City State Zip Code
Telephone:
Name of Supervisor:
Job Title:
Start Date:
End Date:
Reason for leaving (be specific):
Job Duties and Tasks Performed:
Starting Hourly Wage: Current Hourly Wage:

May we contact your present employer? [ ] Yes [ ] No



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Transportation:

Do you have a valid driver's license? [ ] Yes [ ] No

What is your means of transportation to work? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you had any accidents during the past 3 years? [ ] Yes [ ] No If YES, How many? \_\_\_\_\_

Have you had any moving violations during the past 3 years? [ ] Yes [ ] No If YES, How many? \_\_\_\_\_

References: (Please list two references other than relatives or previous employers)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

City State Zip Code

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Questions:

Why are you applying for a position with Martin's German Service?

[Empty text box for answer]

What motivates you to do your best work?

[Empty text box for answer]

Describe a mistake you have made in a past position. How did you resolve your mistake?

[Empty text box for answer]

What computer programs do you use daily?

[Empty text box for answer]

What do you consider your greatest strength?

[Empty text box for answer]

What do you see yourself doing in 5 years?

[Empty text box for answer]



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**Application Form Waiver:**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Martin's German Service, Inc. from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Martin's German Service has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application and for your interest in our business.

Did you complete this application yourself?  Yes  No

How did you hear about this position? (be specific) \_\_\_\_\_