

APPLICATION FOR EMPLOYMENT

Please complete pages 1-4 and print all information requested except signature. Applicants may be tested for illegal drugs.

Date _____

First Name _____ Last Name _____ Middle Initial _____ Maiden Name _____

Present Address _____ City _____ State _____ Zip _____

How long at this address? _____ If less than 3 years, please list previous address, city, state, and zip. _____

If under 18, please list age. _____ Home Phone _____ Cell Phone _____ Social Security No. _____

Position applied for (1) _____
and salary desired (2) _____
(be specific)

Days/hours available to work:
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____
Can you work nights? _____
When are you available for work? _____

Employment desired: Full-time only
 Part-time only
 Full- or Part-time

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School				
College				
Business or Trade School				
Professional School				

Have you ever been convicted of a crime? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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Do you have a driver's license? Yes No

What is your means of transportation to work? _____

 Driver's License No. State of Issue Expiration Date Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

OFFICE ONLY			
Typing: <input type="checkbox"/> Yes WPM: _____ <input type="checkbox"/> No	10-Key: <input type="checkbox"/> Yes <input type="checkbox"/> No	Word Processing: <input type="checkbox"/> Yes WPM: _____ <input type="checkbox"/> No	
Personal Computer: <input type="checkbox"/> Yes <input type="checkbox"/> PC <input type="checkbox"/> Mac <input type="checkbox"/> No	Other Skills: _____ _____ _____		

Please list two references other than relatives or previous employers.

Name

Name

Position

Position

Company

Company

Address

Address

_____-_____-_____
Telephone

_____-_____-_____
Telephone

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. _____

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MILITARY

Have you ever been in the Armed Forces? Yes No
 Are you now a member of the National Guard? Yes No

Specialty _____
 Date Entered _____ Discharge Date _____

Please list your work experience for the **past five years** beginning with your most recent job held.
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

WORK EXPERIENCE			
Name of Employer _____ Address _____ _____ Telephone _____	Name of Last Supervisor _____	Employment Dates From _____ To _____	Pay or Salary Start _____ Final _____
Your last job title: _____			
Reason for leaving (be specific): _____ _____			
List the jobs you held, duties performed, skills used or learned, or advancements or promotions earned while you worked at this company. _____ _____ _____ _____			

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May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____