

APPLICATION FOR EMPLOYMENT



APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE _____

Name _____
Last First Middle Maiden

Present Address _____
Number Street City State Zip Code

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____ - _____

If under 18, please list age _____

Position applied for: _____ Days/hours available to work:
 Salary desired: _____ No Pref _____ Thursday _____
Specify: _____ Monday _____ Friday _____
 _____ Tuesday _____ Saturday _____
 _____ Wednesday _____ Sunday _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: _____ FULL TIME _____ PART TIME _____ FULL OR PART TIME

When is your availability to start work? _____

EDUCATION:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS	MAJOR & DEGREE
High School				
College				
Bus. 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 everyday? _____

Drivers license No. _____ State of issue _____ Operator _____ Commercial _____

Expiration Date _____

Have you had any accidents during the past three years? _____ If so, how many? _____

Have you had any moving violations during the past three years? _____ If so, how many? _____

OFFICE ONLY

Typing:

Yes _____ No _____

WPM _____ 10-Key: Yes _____ No _____

Word Proc: Yes _____ No _____

WPM _____

Computer:

PC: Yes _____ No _____

Mac: Yes _____ No _____

Other Skills: _____

REFERENCES:

Please list two references other than relatives or previous employers.

Name _____ Position _____ Company _____ Address _____ Telephone _____	Name _____ Position _____ Company _____ Address _____ Telephone _____
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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 **OR** attach your resume to this application.

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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 _____

WORK EXPERIENCE: Please list your work experience for the **past 5 years** beginning with most recent. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Employer Name _____ Address _____ City, State, Zip Code _____ Phone Number _____	Supervisor Name _____ Employment Dates _____ <i>From:</i> _____ <i>To:</i> _____ Pay or Salary _____ <i>Start:</i> _____ <i>Final:</i> _____ Job Title _____ _____ _____
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Reason for leaving (be specific):

List the jobs you held. Duties performed, skills used or learned, advancements or promotions while you worked at this company:

Employer Name _____ Address _____ City, State, Zip Code _____ Phone Number _____	Supervisor Name _____ Employment Dates _____ <i>From:</i> _____ <i>To:</i> _____ Pay or Salary _____ <i>Start:</i> _____ <i>Final:</i> _____ Job Title _____ _____ _____
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List the jobs you held. Duties performed, skills used or learned, advancements or promotions while you worked at this company:

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May we contact your most recent or present employer? _____ Yes _____ No

Did you complete this application yourself? _____ Yes _____ No

If not, who did? _____
