



PLEASE PRINT ALL INFORMATION
 REQUESTED EXCEPT SIGNATURE

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

How long _____ Social Security Number. _____
 Telephone _____

If under 18, please list age _____

Days/hours available to work

No pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

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

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

Employment desired ___ Full- Time Only ___ Part- Time Only ___ Full or Part-Time

When are you available for work? _____

Type of School	Name of School	Location (complete mailing address)	Number of years completed	Major and Degree
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime? ___ No ___ Yes

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 DRIVERS LICENSE? ___ Yes ___ No

What is your means of transportation to work?

Drivers license Number _____ State of Issue _____ Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration Date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How many? _____

OFFICE ONLY

Typing ___ Yes ___ No ___ WPM 10-Key ___ Yes ___ No Word Processing ___ Yes ___ No ___ WPM ___

Personal Computer ___ Yes ___ No ___ PC ___ Mac

Other Skills: _____

Please list two references other than relatives and 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 A MEMBER OF THE NATIONAL GUARD? Yes No
 Specialty _____ Date Entered _____ Discharge Date _____

Work Experience: 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.

Name of employer Address City, State, Zip Code Phone Number	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, advancements or promotions 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? _____