



Employment Application

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

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

Telephone (____) _____

If under 18, please list age _____

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? _____

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When available for work?

| TYPE OF SCHOOL. | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|---------------------|----------------|-------------------------------------|---------------------------|----------------|
| High School | | | | |
| College | | | | |
| Bus or Trade School | | | | |
| Professional School | | | | |

DO YOU HAVE ANY PROFESSIONAL LICENSES? _____
 If so, what and what is the number? _____

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.

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes ___ No

What is your means of transportation to work?

Driver's 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? _____

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.

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 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 | | | | Name of last Supervisor | | | |
| Address | | | | | | | |
| City, State, Zip Code | | | | Employment Dates: | | | |
| Phone Number | | | | From | | To | |
| | | | | Pay or Salary: | | | |
| Your Last Job Title: | | | | Start | | Final | |
| 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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|--|--|-------------------------|-------|
| Name of Employer | | Name of last Supervisor | |
| Address | | | |
| City, State, Zip Code | | Employment Dates: | |
| Phone Number | | From | To |
| | | Pay or Salary: | |
| Your Last Job Title: | | Start | Final |
| 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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|--|--|-------------------------|-------|
| Name of Employer | | Name of last Supervisor | |
| Address | | | |
| City, State, Zip Code | | Employment Dates: | |
| Phone Number | | From | To |
| | | Pay or Salary: | |
| Your Last Job Title: | | Start | Final |
| 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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| City, State, Zip Code | | Employment Dates: | |
| Phone Number | | From | To |
| | | Pay or Salary: | |
| Your Last Job Title: | | Start | Final |
| 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. | | | |
| | | | |
| | | | |

May we contact your present employer? ___ Yes ___ No

Did you complete this application yourself ___ Yes ___ No If not, who did?

Signature

Date

**By signing this application, you certify that all information is true and correct to the best of your knowledge.