



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.	DATE _____
Name _____ <small>Last First Middle Maiden</small>	
Present address _____ <small>Number Street City State Zip</small>	
How long _____	Social Security No. _____ - _____ - _____
Telephone (____) _____	
If under 18, please list age _____	Referred by _____
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? _____	
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? ___ No ___ Yes If so, please explain _____	
Do you anticipate any absences from work on a regular basis? ___ No ___ Yes If so, please explain _____	

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				

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 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? ___ Yes ___ No

If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes ___ No

If so, how many? _____

OFFICE USE ONLY

Typing ___ Yes ___ No

Personal Computer ___ Yes ___ No

10-key ___ Yes ___ No

_____ WPM

___ PC ___ Mac

Word Processing ___ Yes ___ No

Other _____

_____ WPM

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.

Large empty rectangular box for summarizing qualifications.

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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 five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	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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Who were you referred by? _____

May we contact your present employer? ___ Yes ___ No

Did you complete this application yourself ___ Yes ___ No

If not, who did? _____