

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

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

Telephone (____) _____ **Email Address** _____

Emergency Contact & phone # _____

Position applied for _____ Days/hours available to work _____
 Salary desired _____ No Pref _____ Mon__ Tue__ Wed__ Thur__ Fri__ Sat__ 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 to start 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				

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. _____

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 _____
_____	_____
Phone _____	Phone _____

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

Military Experience
 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 Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	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? _____

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date _____ Signature