

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 _____

Telephone (____) _____

Position applied for _____

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				

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 transport to work? car _____

Driver's license # _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? yes no How many? _____

Have you had any moving violations during the past three years? yes no 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.

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 of employer: _____

Address: _____

Name of last supervisor: _____

City: _____ State: _____ Zip Code: _____

Employment dates: To: _____ From: _____

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. _____

Name of employer: _____

Address: _____

Name of last supervisor: _____

City: _____ State: _____ Zip Code: _____

Employment dates: To: _____ From: _____

Your last job title: _____

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Name of employer: _____

Address: _____

Name of last supervisor: _____

City: _____ State: _____ Zip Code: _____

Employment dates: To: _____ From: _____

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. _____

May we contact your present employer? No Yes