

Employment Application Form

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 No. _____ - _____ - _____

Telephone (____) _____

Days/hours available to work

If under 18, please list age _____

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

Position applying for (1) _____

Desired Salary (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

Soonest date available to begin 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. _____

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

OFFICE SKILLS

Typing ___ Yes WPM ___
___ No

List all software that you are capable
of operating (i.e. Word, Excel, etc...)

Do you have access to a computer
___ Yes ___ No
Mac ___ or PC _____

Other _____
Skills _____

Please list two references other than relatives or previous employers.

Name _____
Position _____
Company _____
Address _____
Telephone (____) _____

Name _____
Position _____
Company _____
Address _____
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.

Do you have any of the following office equipment/ functionality: Computer _____ Cell Phone _____
Fax Machine _____ Printer _____ Scanner _____ Internet Access _____ Land Line (phone) _____

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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 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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**Work
experience**

Continue below if necessary

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
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May we contact your present employer? Yes No

The information I am presenting in this application is true and correct to the best of my knowledge, and I understand that any false statement, misrepresentation, or omission, shall be sufficient cause for rejection or dismissal in the event I am employed by the applicable company. I understand and agree that, if hired, I will conform to the rules and regulations required, and further agree that my employment is for no definite period and I have the right to terminate my employment at any time, for any reason, or no reason, and the company retains similar rights regarding the discontinuation of my services. The company, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, companies, corporations, credit bureaus, law enforcement agencies, and previous employers to release any information concerning my background. I understand any offer of employment is contingent on my successful completion of a drug screening test.

Signature

Date