



## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

				Date _____
Name _____				
Last	First	Middle	Maiden	
Present address _____				
Number	Street	City	State	Zip
Permanent address (if different) _____				
Number	Street	City	State	Zip
How long _____	Social Security No. _____ - _____ - _____			
Telephone (____) _____	If under 18, please list age _____			
Email _____	Referred by _____			

### EMPLOYMENT DESIRED

Position applied for _____	Days/hours available to work: _____
and salary desired _____	_____
How many hours can you work weekly? _____	Can you work nights? _____
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME	
When are you available to start work? _____	

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional or Graduate School				
Please describe other training, seminars, coursework, etc. that applies to the job.				

## 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.

<b>Name of Employer</b> <b>Address</b> <b>City, State, Zip</b> <b>Phone number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Your last job title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

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Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

Have you ever been convicted of a felony?  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. \_\_\_\_\_

Have you ever been in the armed forces?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

Are you now a member of the National Guard?  Yes  No

If hired, can you provide proof of U.S. citizenship  Yes  No

or proof of your legal right to live and work in this country?

Have you ever been employed with this company?  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives employed by this company?  Yes  No

If yes, please provide their names and relationship to you.

\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you able to perform the essential functions and duties  Yes  No

of the job for which you are applying?

If not, please describe the functions or duties you are unable to perform. \_\_\_\_\_

## REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

## ADDITIONAL INFORMATION

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.


Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our business.**