Employment Application Form

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| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE |  |  |
| APPLICATION FOR EMPLOYMENT |
| APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS |
|  |
| PLEASE COMPLETE PAGES 1-5. | DATE  |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Last Name First Name Middle Initial Maiden Name if applicable |
| Present address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ |
|  Street Address City State Zip Code |
| How long:  | Social Security No.: \_\_\_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_\_\_\_\_ |
| Telephone: \_\_\_\_\_ -\_\_\_\_\_ - \_\_\_\_\_\_\_  |
| If under 18, please list age  |
| Position applied for (1) and salary desired (2) (Be specific) | Days/hours available to workNo 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?  |
|   |
|  |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | 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 ONLY |  |
|  |
|  ❑ Yes ❑ Yes Word ❑ YesTyping ❑ No \_\_\_\_\_ WPM 10-key ❑ No Processing ❑ No \_\_\_\_\_ WPM |
| Personal ❑ Yes PC ❑ Computer ❑ No Mac ❑  | Other 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. |
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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 | Name of last supervisor | Employment dates |  |
| City, State, Zip CodePhone number |  | FromTo |  |
|  | 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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|  |
| Name of employer Address | Name of last supervisor | Employment dates |  |
| City, State, Zip CodePhone number |  | FromTo |  |
|  | 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?  |

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the company.

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Signature of Applicant Date