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 work  No 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 ❑ Yes  Typing ❑ 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 ( ) | | | |
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| 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 Code Phone number | | | |  | | From  To | | |  |
|  | | | | 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 Code Phone number | | | |  | | From  To | | |  |
|  | | | | 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 | 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 Code Phone number | | |  | From  To | | |  |
|  | | | 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 Code Phone number | | |  | From  To | | |  |
|  | | | 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