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 (___)_____

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 (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 ONLY

Typing	__ Yes __ No	_____ WPM		10-key	__ Yes __ No		Word Processing	__ Yes __ No	_____ WPM
Personal Computer	__ Yes __ No	__ PC __ 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 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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May we contact your present employer? __ Yes __ No

Did you complete this application yourself __ Yes __ No

If not, who did? _____