



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. _____

If under 18, please list age _____

Days/hours available to work:

No Pref _____ Thur _____

Position applied for: _____

Mon _____ Fri _____

Salary Desired: _____

Tue _____ Sat _____

Wed _____ Sun _____

How many hours can you work weekly? _____

Can you work nights? _____

Employment desire: _____ 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's your means of transportation to work? _____

Driver's license:
Number _____ State Issued _____ Operator _____ Commercial(CO) _____ 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? _____

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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<p>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 name. Attach additional sheets if necessary.</p>			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Title Held			
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? Yes No

If not, who did? _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above, including driving and criminal record.

Signature: _____

Date: _____