

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address	City	State	ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Social Security Number	Driver's License No./Issuing State	Date of Birth	
Position Apply For	Type of Work Desired		
	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary/Contract
When Are You Available to Begin Work?		Will You Work Overtime?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you provide evidence that you are authorized and of legal age to work in the United States?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
In Case of Emergency Notify	Telephone	Name of Nearest Relative	Telephone

EDUCATION

TYPE	SCHOOL NAME/LOCATION	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/DIPLOMA
HIGH SCHOOL				
BUSINESS/TECHNICAL				
COLLEGE				
GRADUATE				
OTHER				

Professional Organizations:	
First-Aid Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed
CPR Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed

EMPLOYERS

(List all jobs and contracts held by you during the past five continuous years)

CURRENT EMPLOYER

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

PREVIOUS EMPLOYER

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

PREVIOUS EMPLOYER

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
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Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

MILITARY STATUS

Have You Served in the U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Start Date	End Date
Rank/Rate at Discharge	Type of Service	Type of Discharge	
Special Training/Experience Received in the U.S. Armed Services	Draft Status	Reserve Status	

CRIMINAL HISTORY

Have you ever been <u>convicted</u> of a criminal offense? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any criminal actions pending in which you are the Defendant? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or parole? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

PERSONAL REFERENCES:

Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship

APPLICANT STATEMENT

(Read and Sign Below)

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I have reviewed the Authorization for Criminal Records Verification and Fingerprint Information and acknowledge that I understand the terms set forth therein. I understand that this employment application is not valid without my signature.

Print Name	
Signature	Date