

EMPLOYMENT APPLICATION

Applicants will be tested for illegal drugs

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at residence? _____ Social Security # _____-_____-_____

Telephone # (____) _____

Add'l Telephone # (____) _____

Applicants must be of legal driving age.

Position applied for (1) _____ Days/hours of work
Salary desired (2) _____ Monday – Friday
(be specific) AM _____ PM _____ Full day _____

How many hours can you work weekly? _____

Employment desired: ___ Full time only ___ Part-time only ___ Full or part-time

When are you available to start work? _____

Education:	School Name	Location	# of Years Completed	Graduated Yes/No
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

Have you ever been convicted of a crime? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offenses(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DRIVER LICENSE INFORMATION

Do you have a current driver's license? ___ No ___ Yes Type ___ Operator ___ CDL

Driver's License # _____ State of Issue _____ 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? _____

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. Attached additional sheets if necessary.

Name of employer	Name of last Supervisor	Employment dates	Pay/Salary
_____	_____	From _____	Start _____
Address _____		To _____	Final _____
City, State, Zip code _____			
Phone Number _____	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. _____

May we contact your present employer? ___ Yes ___ No

Name of employer	Name of last Supervisor	Employment dates	Pay/Salary
_____	_____	From _____	Start _____
Address _____		To _____	Final _____
City, State, Zip code _____			
Phone Number _____	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: _____

Social Security Number: _____ - _____ - _____

Please list two references other than relatives.

Name _____

Position _____

Company _____

Address _____

Telephone () _____

Name _____

Position _____

Company _____

Address _____

Telephone () _____