

## EMPLOYMENT APPLICATION

**PERSONAL DATA**

DATE \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Present Address \_\_\_\_\_

Number

Street

City

State

Zip

Home Telephone # ( ) \_\_\_\_\_

Work or Alt. # ( ) \_\_\_\_\_

Previous Address \_\_\_\_\_

Number

Street

City

State

Zip

Position(s) Applied for: 1) \_\_\_\_\_

2) \_\_\_\_\_

Minimum Income Requirement \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If hired, on what date will you be available for work? \_\_\_\_\_

If driving is required of this position:

Do you have a reliable means of transportation? \_\_\_\_\_

Do you have a current valid OK driver's license? \_\_\_\_\_

Driver's License No.? \_\_\_\_\_

Are you currently covered by auto liability insurance? \_\_\_\_\_

Insurance carrier? \_\_\_\_\_

Any objections to travel if required by job? \_\_\_\_\_

If you have alien status and are hired, can you provide written evidence of your right to work in the U.S.? \_\_\_\_\_

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## EDUCATIONAL BACKGROUND

Course or Type of School	Name and City	Attended	Years Graduated	Major
Grammar or Grade			_ Yes _ No	
High School			_ Yes _ No	
Junior College			_ Yes _ No	
College			_ Yes _ No	
Post Graduate			_ Yes _ No	
Business or Trade			_ Yes _ No	
Other			_ Yes _ No	

## MILITARY SERVICE RECORD

Have you ever served in the Armed Forces?  Yes  No

If yes, what branch? \_\_\_\_\_

Date of duty: From \_\_\_\_\_

Month                       Day                       Year

To: \_\_\_\_\_

Month                       Day                       Year

Rank at discharge: \_\_\_\_\_

What were your duties in the service (include special training and duty station?)

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**WORK HISTORY (List in order, last or present employer first)**

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Month/Year Month/Year

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Summary of job duties \_\_\_\_\_

Likes about job \_\_\_\_\_

Dislikes about job \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ Ending Salary\$ \_\_\_\_\_

Immediate Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Reason for wanting a job change \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Month/Year Month/Year

Name of Employer \_\_\_\_\_

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Reason for wanting a job change \_\_\_\_\_

Please list any reason known to you why you might be unable to perform consistently and promptly any of the job duties:

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Any objections to occasional overtime work? \_\_\_\_\_

Have you ever been disciplined or fired? \_\_\_\_\_ Why? \_\_\_\_\_

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Have you ever been convicted of a crime, excluding minor traffic offenses? \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

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Is there any reason why you may not be able to accept employment, if offered, with this company?

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Has your professional license, if required for this position, ever been revoked? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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