



# AK SCHILLING

Employment Application

Position #				How did you hear about this position?	<input type="checkbox"/> Facebook <input type="checkbox"/> Website <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> At the business <input type="checkbox"/> Other			
<b>APPLICANT INFORMATION</b>								
Last Name				First Name			M.I.	Date
Street Address						Apt/Unit #		
City			State:		Zip Code			Phone
Email						Position		
Date Available						D.O.B.		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No", are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when?					
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, explain:					
<b>EDUCATION</b>								
High School			Address					
From		To		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Degree/Diploma	
College			Address					
From		To		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Degree/Diploma	
Other			Address					
From		To		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Degree/Diploma	
Military		<input type="checkbox"/> Yes <input type="checkbox"/> No		Branch				
From		To		Type of Discharge				
Reason for Discharge								
<b>REFERENCES</b>								
Full Name			Relationship					
Company			Phone					
Full Name			Relationship					
Company			Phone					
Full Name			Relationship					
Company			Phone					

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date