



## Employment Application

Applicant Information										
Full Name:					Date:					
<i>Last</i>				<i>First</i>			<i>M.I.</i>			
Address:										
<i>Street Address</i>						<i>Apartment/Unit #</i>				
<i>City</i>						<i>State</i>		<i>ZIP Code</i>		
Phone: ( )			E-mail Address:							
Date Available:		Social Security No.:			Desired Salary:		\$			
Position Applied for:										
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a valid Driver's License?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what State?				
Have you ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, explain:										
Education										
High School:				Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:				Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:				Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
References										
<i>Please list three professional references.</i>										
Full Name:					Relationship:					
Company:						Phone: ( )				
Address:										
Full Name:					Relationship:					
Company:						Phone: ( )				
Address:										
Full Name:					Relationship:					
Company:						Phone: ( )				

Address:	
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**Previous Employment**

Company:		Phone:	( )
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Address:		Supervisor:	
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Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:	
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company:		Phone:	( )
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Address:		Supervisor:	
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Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:	
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company:		Phone:	( )
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Address:		Supervisor:	
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Job Title:		Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:	
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Branch:		From:		To:	
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Rank at Discharge:		Type of Discharge:	
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If other than honorable, explain:	
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**Disclaimer and Signature**

*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:	
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