

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-3.

DATE

Name

Last First Middle Maiden

Present address

Number Street City State Zip

How long

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age

Position applied for (1) and salary desired (2) (Be specific)

Days/hours available to work  
 No Pref Thur  
 Mon Fri  
 Tue Sat  
 Wed Sun

How many hours can you work weekly?

Can you work nights?

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work?

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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

<b>Work Experience</b>	Please list your work experience for the <b>past five years</b> beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>		
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		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.			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your Last Job Title	
Reason for leaving (be specific)			
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		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

Did you complete this application yourself  Yes  No

If not, who did?

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work?

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur

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?

By signing below, I certify that all the preceding information is correct and truthful. I also verify that I am a legal citizen of the United States, and that I am eligible for legal employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_