



APPLICATION FOR EMPLOYMENT

Please print all information requested, except signature.
Applicants may be tested for illegal drugs.

Name: _____ Date: _____

Address: _____

How long: _____ Social Security No. _____ - _____ - _____

Telephone: () _____ - _____

If under 18, how old: _____

Position applied for: _____

Days/Hours available: _____

Desired Salary: _____

No Pref _____ Mon _____

Tues _____ Wed _____

Thur _____ Fri _____

Sat _____ Sun _____

How many hours can you work weekly: _____

Employment Desired: ___ Full time ___ Part time only ___ Full or Part Time

When are you available to start work: _____

Have you ever been convicted of a crime: ___ NO ___ YES

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

Education

Type of School	Name of School	Address	Years completed	Degree
High School				
College				
Bus/Trade School				
Professional School				

Do you have a valid driver's license: ____ Yes ____ No

What is your means of transportation to work: ____ Own car ____ Public transportation

Driver's license no: _____ State of issue: _____

Expiration date: _____

Have you had any accidents in the past three years: _____

How many: _____

Have you had any moving violations in the past three years: _____

How many: _____

References

Please list two references other than family or previous employer.

Name: _____

Position: _____

Company: _____

Address: _____

Phone No: _____

Name: _____

Position: _____

Company: _____

Address: _____

Phone No: _____

Please use the following area to describe your full qualifications for the specific position you are applying for:

Military Service

Have you ever been in the armed forces: Yes No

Are you a member of the National Guard: Yes No

Work History

Name of Employer: _____

Address: _____

Phone No: _____

Name of supervisor: _____

Employment dates: _____

Pay rate: _____

Job title: _____

Reason for leaving: _____

List duties preformed: _____

Name of Employer: _____

Address: _____

Phone No: _____

Name of supervisor: _____

Employment dates: _____

Pay rate: _____

Job title: _____

Reason for leaving: _____

List duties preformed: _____

May we contact your present employer: ____ Yes ____ No

Signature: _____ Date: _____