

Employment Application Form

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
PLEASE COMPLETE PAGES 1-5			Date _____	
Name _____				
Last	First	Middle	Maiden	
Present address _____				
Number	Street	City	State	Zip
How long _____		Social Security No. _____ - _____ - _____		
Telephone: Home (____) _____ Cell (____) _____ Other (____) _____				
E-mail _____				
Birth date _____				
If under 18, please list age _____				Days/hours available to work
Position applied for (1) _____		No Pref _____	Thur _____	
and salary desired (2) _____		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 ___ Temp. ___ Seasonal ___ Any				
Date available to start? _____ How were you referred to us? _____				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus/ Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes
 If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Do you have a record of founded child or dependent abuse in this state or any other? ___ No ___ Yes
 If yes, please give dates and details: _____

A criminal history and dependent adult abuse record check will be conducted. Your signature indicates that you have been informed of these record checks.

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? _____

OFFICE

Typing ___ Yes ___ No ___ WPM	10-key ___ Yes ___ No	Word Processing ___ Yes ___ No ___ WPM
Personal Computer ___ Yes ___ No ___ PC ___ Mac	Other Skills _____	

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (_____) _____	Telephone (_____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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 _____		
Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.	
Name of employer _____	Name of last supervisor	
Address _____	Employment dates	Pay or salary
	From	Start
Phone number (_____) _____	To	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 _____	Name of last supervisor	
Address _____	Employment dates	Pay or salary
	From	Start
Phone number (_____) _____	To	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 _____	Name of last supervisor	
Address _____	Employment dates	Pay or salary
	From	Start
Phone number (_____) _____	To	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.

May we contact your present employer? ____ Yes ____ No Did you complete this application yourself ____ Yes ____ No If not, who did? _____

Please list any dates that you know that you will be unable to work due to special circumstances within the next two months:

Date	Reason

Please list any activities that may otherwise change your availability: _____ _____ _____ _____
--

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

Signature of Applicant: _____ Date: _____