

Employment Application Form



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____

Telephone (_____) _____ - _____

Are you 18 or older? No Yes

Position applied for (1) _____ Days/hours available to work
and salary range desired (2) _____
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

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				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, please explain. _____



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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 _____	Employment dates	Pay or salary
Address _____	_____	From _____	Start _____
City, State, Zip Code _____	_____	To _____	Final _____
Telephone (_____) _____-_____	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.

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Address _____	_____	From _____	Start _____
City, State, Zip Code _____	_____	To _____	Final _____
Telephone (_____) _____-_____	Your last job title _____		

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Signature: _____ Date: _____