

EMPLOYMENT APPLICATION

APPLICANTS MAY BE REQUIRED TO PROVIDE FINGERPRINTS, PASS A BACKGROUND CHECK AND TESTED FOR ILLEGAL DRUGS

Personal	Date _____
Name _____	
Last, First, Middle, Maiden	
Present address _____	
Number, Street, City, State, Zip	
How long have you lived there _____	Social Security No. _____ - _____ - _____
Telephone _____ - _____ - _____	E-mail Address _____
If under 18, please list age _____	
Position Applied For _____	Days/hours available to work
Salary Desired _____	No Pref _____ Thurs _____
(Be specific)	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 to start working? _____	

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. _____

What is your means of transportation to work? _____

Do you have a Driver's License? ___ Yes ___ No

Driver's license number _____ **State of issue** _____ **Expiration date** _____

MILITARY
Have you ever been in the Armed Forces? ___ Yes ___ No
If yes, give dates of service: From _____ To _____ Specialty _____
Are you a Veteran? ___ Yes ___ No
If yes, give dates of service: From _____ To _____ Specialty _____
Were you honorably discharge? ___ Yes ___ No. If no please explain: _____

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Skills

Typing ____ Yes ____ No ____ WPM

Personal Computer ____ Yes ____ No ____ PC ____ Mac

Other Skills _____

Work Experience

Please list your work experience for the past five years beginning with your most recent job held.

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number ____ - ____ - ____	Name of Last Supervisor _____	Employment Dates From _____ To _____	Pay Salary Start _____ Final _____
Your last job title _____ Are you eligible for rehire ____ Yes ____ No			

Reason for leaving (be specific)

List the duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____ Address _____ _____ City, State, Zip Code _____ _____ Phone number ____ - ____ - _____	Name of Last Supervisor	Employment Dates	Pay Salary
		From _____ To _____	Start _____ Final _____
	Your last job title _____ Are you eligible for rehire ____ Yes ____ No		

Reason for leaving (be specific)

List the duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____ Address _____ _____ City, State, Zip Code _____ _____ Phone number ____ - ____ - _____	Name of Last Supervisor	Employment Dates	Pay Salary
		From _____ To _____	Start _____ Final _____
	Your last job title _____ Are you eligible for rehire ____ Yes ____ No		

Reason for leaving (be specific)

List the duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact all of the employers listed by you? ____ Yes ____ No

If not, tell us which ones you do not wish us to contact and why? _____

How many Jobs have you had in the last five years that were not listed above? _____

Why are you seeking a new position at this time? _____

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.

I authorize this company to make an investigation of all information contained in this employment application, and I release from liability all companies and corporations supplying such information. I understand any false answer, statement, or implication made by me on this application, or disclosed in other required documents, shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company, and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason. I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary from various third party sources. As required by law, upon request and within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug test required of me, whether prior to my employment or, if employed, by this company at any time thereafter if requested. I understand this is only an application for employment and that no offer of employment is being made. I further understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment would be "at will." No individual within the company is authorized to change the employment at will status; any offer to change the employment-at-will status would have to be made in writing and expressly authorized by the company.

I have read and agree to the above.

Applicant's signature _____ Date _____

PLEASE ATTACH RESUME TO THIS APPLICATION