

# Employment Application Form

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

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) \_\_\_\_\_

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 are you available to start work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (mailing address)	NUMBER OF YEARS COMPLETED	MAJOR OR DEGREE
High School				
College				
Bus. Or Trade School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ No \_\_\_ Yes

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DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

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

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? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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**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 Supervisor	Employment Dates	Pay or Salary
Address		From	Start
City, State, Zip		To	Ending
Phone Number ( )	Last Job Title Held		
Reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Reason for leaving			
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May we contact your present employer? \_\_ Yes \_\_ No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_