

EMPLOYMENT APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

NAME AND ADDRESS

Name(First, MI, Last)	Social Security Number
Mailing Address	City, State, and Zip Code
Telephone	Alternate Phone
If under 18, please list age	Email

JOB TYPE

What position are you applying for? _____

Desired Wage? \$ _____ When can you start? _____

Are you seeking Full Time Employment? Yes No

Desired Shift 1st 2nd 3rd _____

ADDITIONAL INFORMATION

Have you ever been employed by this organization in the past? Yes No

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. Yes No

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? Yes No

If Yes, please explain: _____

Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's license number State Issued
Have you had any accident during the past three years?	How many?
Have you had any moving violations during the past three years?	How many?

EDUCATION

School	Years Completed	Major	Degree or Diploma

MILITARY

Have you ever been in the Armed Forces? Yes No Date Entered _____

Are you now a member of the National Guard? Yes No Discharge Date _____

Specialty _____

WORK EXPERIENCE

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of Supervisor	Hrs/week
---------	--------------------	----------

Address	Start Date	End Date	Final Salary
---------	------------	----------	--------------

Phone Number	Last Job Title
--------------	----------------

Reason for leaving (be specific)

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

May we contact this employer?

Yes No

Company	Name of Supervisor	Hrs/week
---------	--------------------	----------

Address	Start Date	End Date	Final Salary
---------	------------	----------	--------------

Phone Number	Last Job Title
--------------	----------------

Reason for leaving (be specific)

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

May we contact this employer?

Yes No

Company	Name of Supervisor	Hrs/week
---------	--------------------	----------

Address	Start Date	End Date	Final Salary
---------	------------	----------	--------------

Phone Number	Last Job Title
--------------	----------------

Reason for leaving (be specific)

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

May we contact this employer?

Yes No

REFERENCES

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

3.

4.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature	Date
-----------	------