

APPLICATION FOR EMPLOYMENT

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, national origin, age, or the presence of disability.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MI	PHONE:	SOCIAL SECURITY NUMBER:	TODAY'S DATE:
PRESENT ADDRESS			CITY	STATE	ZIP
PERMANENT ADDRESS			CITY	STATE	ZIP
WILL VISA OR IMMIGRATION STATUS PREVENT LAWFUL EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU, WITHIN THE LAST SEVEN YEARS, BEEN CONVICTED OR RELEASED FROM PRISON FOR ANY FELONY WHICH WOULD AFFECT YOUR FITNESS TO PERFORM ANY JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, EXPLAIN. A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT					

EMPLOYMENT DESIRED – Please indicate the position(s) desired or the category of work for which you are applying.

POSITION(S) APPLIED FOR	ARE YOU ABLE TO WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> NIGHT SHIFT <input type="checkbox"/> PART TIME	IDENTIFY ANY RESTRICTIONS ON TRAVEL:
-------------------------	---	--------------------------------------

EDUCATION

NAME OF SCHOOL	LOCATION	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECT(S) STUDIED and DEGREES RECEIVED
HIGH SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

U.S. MILITARY SERVICE

BRANCH OF SERVICE (ARMY, NAVY, AIR FORCE, ETC)	FROM: TO:	LIST ANY SPECIFIC TRAINING, SKILLS, AND EXPERIENCE, AS WELL AS LICENSES AND CERTIFICATIONS WHICH YOU FEEL COULD BE USED:
PRESENT MILITARY AFFILIATION: <input type="checkbox"/> NONE <input type="checkbox"/> RESERVE (ACTIVE) <input type="checkbox"/> RESERVE (INACTIVE)	KINDS OF TRAINING AND DUTY WHILE IN SERVICE:	

EMPLOYMENT RECORD – List last four employers, starting with the last or current one first.

NAME OF CURRENT OR LAST EMPLOYER:	COMPANY PHONE NUMBER:	TYPE OF WORK, SPECIAL SKILLS:	EMPLOYMENT DATES (MONTH & YEAR) FROM: TO:
STREET ADDRESS:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON(S) FOR LEAVING:
CITY: STATE: ZIP:	PERSON TO CONTACT:		SALARY: STARTING: ENDING:
NAME OF NEXT TO LAST EMPLOYER:	COMPANY PHONE NUMBER:	TYPE OF WORK, SPECIAL SKILLS:	EMPLOYMENT DATES (MONTH & YEAR) FROM: TO:
STREET ADDRESS:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON(S) FOR LEAVING:
CITY: STATE: ZIP:	PERSON TO CONTACT:		SALARY: STARTING: ENDING:
NAME OF SECOND TO LAST EMPLOYER:	COMPANY PHONE NUMBER:	TYPE OF WORK, SPECIAL SKILLS:	EMPLOYMENT DATES (MONTH & YEAR) FROM: TO:
STREET ADDRESS:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON(S) FOR LEAVING:
CITY: STATE: ZIP:	PERSON TO CONTACT:		SALARY: STARTING: ENDING:
NAME OF THIRD TO LAST EMPLOYER:	COMPANY PHONE NUMBER:	TYPE OF WORK, SPECIAL SKILLS:	EMPLOYMENT DATES (MONTH & YEAR) FROM: TO:
STREET ADDRESS:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON(S) FOR LEAVING:
CITY: STATE: ZIP:	PERSON TO CONTACT:		SALARY: STARTING: ENDING:

I swear that the statements in this application are true and correct. I understand that any false or misleading statement or omission of material fact may result in dismissal. I authorize the Employer to investigate and verify any of the information I have submitted in applying for employment with the Employer. I understand that employment, if offered, will be at the will of the Employer and myself and may be terminated at any time for any reason by either party.

SIGNATURE OF APPLICANT

DATE

COMMENTS:

INTERVIEWED BY

DATE