

# 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:
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## 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.

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SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

COMMENTS:

\_\_\_\_\_  
INTERVIEWED BY

\_\_\_\_\_  
DATE