

# EMPLOYMENT APPLICATION FORM

PLEASE NOTE: 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. PLEASE PRINT

## APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

NAME AND ADDRESS		
Name (First, MI, Last)	Social Security Number	Date of Birth
Maiden Name		
Mailing Address		
City, State, and Zip Code		
Home Phone	Message Phone or Cell Phone	
E-mail Address	May we use e-mail to contact you? Yes ___ NO ___	

Additional Information
Have you been an employee of this organization in the past? Yes ___ No ___
I certify that I am in compliance with the provisions of the Selective Service Act (Draft Registration). 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 VALID DRIVER'S LICENSE? Yes ___ No ___ If No, what is your means of transportation to work?
These question must be answered in order to be considered for employment

Education (Schools attended or special training received)			
School	From	To	Did you graduate?
Location		Type of degree or diploma	
School	From	To	Did you graduate?
Location		Type of degree or diploma	
School	From	To	Did you graduate?
Location		Type of degree or diploma	

### Work History

Job Title	From	To	Hrs/Week
Employer		Address	
Phone	Supervisor	May we contact this employer? Yes ___ No ___	
Reason for leaving?			
Job Title	From	To	Hrs/Week
Employer		Address	
Phone	Supervisor	May we contact this employer? Yes ___ No ___	
Reason for leaving?			
Job Title	From	To	Hrs/Week
Employer		Address	
Phone	Supervisor	May we contact this employer? Yes ___ No ___	
Reason for leaving?			

### How did you find out about this position?

Current employee? ___	Newspaper? ___	Other? ___ Explain:
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### Job Type/ Shift

JOB YOU ARE APPLYING FOR		2ND CHOICE		
Full Time ___	Part Time ___	Weekends ___	Day ___	Night ___
Either ___		Holidays ___	Anytime ___	

### References other than relatives

Name	Address	Phone
Comments:		

### References other than relatives

Name	Address	Phone
Comments:		

### References from previous employers

Name	Company name and address	Phone
Position		
Comments:		

Name	Company name and address	Phone
Position		
Comments:		

Name	Company name and address	Phone
Position		
Comments:		

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position which you are applying.

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Signature	Date
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I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with this company terminated.