



Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED AND SIGN AT BOTTOM OF PAGE TWO	APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS	DATE _____
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Name _____

First
Middle
Last
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ If under 18, please list age _____

Position applied for (1) _____ Days / times available to work:
 and salary desired (2) _____ No Pref _____ Wed _____ Sat _____
 (Be specific) Mon _____ Thu _____ Sun _____
 Tue _____ Fri _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired PART-TIME ONLY FULL OR PART-TIME When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (CITY / STATE)	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes
 If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No
 What is your means of transportation to work? _____
 Driver's license number _____ State of issue _____ What Type? Operator Commercial (CDL) Chauffeur
 Expiration date _____
 Have you had any accidents during the past three years? _____ How many? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Telephone (____) _____	Telephone (____) _____

MEMBER OF ARMED FORCES? Yes No Branch _____ Dates: From _____ To _____

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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 pages if necessary.

Name of employer: _____ Address: _____ City, State, Zip Code _____ Phone number _____ Your last job title _____	Name of last supervisor	Employment dates	Pay or salary
	_____	From _____	Start _____
	May We Contact? _____	To _____	Final _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer: _____ Address: _____ City, State, Zip Code _____ Phone number _____ Your Last Job Title _____	Name of last supervisor	Employment dates	Pay or salary
	_____	From _____	Start _____
	May We Contact? _____	To _____	Final _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer: _____ Address: _____ City, State, Zip Code _____ Phone number _____ Your Last Job Title _____	Name of last supervisor	Employment dates	Pay or salary
	_____	From _____	Start _____
	May We Contact? _____	To _____	Final _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Date _____ Signature _____