



Employment Application

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4	DATE _____
Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Last First Middle Maiden </div>	
Present address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Number Street City State Zip </div>	
How long _____	Social Security No. _____ - _____ - _____
Phone (____) _____	Cell (____) _____
Home _____ Email _____	
Position applied for (1) _____ and salary desired (2) _____ (Be specific)	
Days/hours available to work No Pref _____ Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____	
How many hours can you work weekly? _____ Can you work nights? _____	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME	
When available for work? _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your means of transportation to work? _____
Driver's license number _____
State of issue _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur
Expiration date _____
Have you had any accidents during the past three years? How many? _____
Have you had any moving violations during the past three years? How Many? _____



MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

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 sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
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.			

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