



## EMPLOYMENT APPLICATION

*PLEASE NOTE: It is important that you 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.*

<b>Name and Address</b>		<b>POSITION APPLYING FOR:</b>					
Name (First, MI, Last)							
Mailing Address							
City, State, Zip Code							
Telephone				Alternate Phone			
If under 18, please list age				Email Address			
<b>Job Type</b>							
Days/Hours Available To Work							
<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
I am seeking a :		<input type="checkbox"/> Full-time Job		<input type="checkbox"/> Part-time Job		<input type="checkbox"/> Full or Part-time	
How many hours can you work weekly?			Can you work nights?			Date available to begin:	
<b>Additional Information</b>							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No				Driver's License Number		Issued in what state?	
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations in the past three years?						How many?	

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<b>Education</b>				
School	Location (Mailing Address)	Years Completed	Major	Degree or Diplom

				a
<b>High School</b>				
<b>College or Business/Trade School</b>				
<b>Military</b>				
Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dated Entered:	
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge Date:	
Specialty:				

<b>Work Experience</b>				
<i>Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.</i>				
Company		Name of Last Supervisor		Hrs/Week
Address		Start Date	Starting Salary	
City, State, and Zip Code		End Date	Final Salary	
Phone Number		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.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Name of Last Supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	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.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Work Experience (Continued)</b>		
Company	Name of Last Supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	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.

May we contact this employer?  Yes  No

**References**

*Please include the name, phone number and circumstances of your acquaintance. Exclude relatives and former employers.*

1.

2.

3.

4.

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this organization terminated.*

Signature

Date