**PLEASE COMPLETE PAGES 1-4. DATE**

Name

Last First Middle Maiden

Present address

Number Street City State Zip

How long Social Security No. – – Telephone ( ) If under 18, please list age

Days/hours available to work Position

No Pref \_\_\_\_\_\_\_\_ Thur \_\_\_\_\_\_\_\_\_

Mon \_\_\_\_\_\_\_\_\_\_ Fri \_\_\_\_\_\_\_\_\_\_

Tues \_\_\_\_\_\_\_\_\_\_ Sat \_\_\_\_\_\_\_\_\_\_

Wed \_\_\_\_\_\_\_\_\_\_ Sun \_\_\_\_\_\_\_\_\_\_

Applied for (1)

And salary desired (2)

 (Be specific)

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

Employment desired: \_\_\_\_ FULL-TIME ONLY \_\_\_\_ PART-TIME ONLY \_\_\_\_ 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? \_\_\_\_ Yes \_\_\_\_ No

What is your means of transportation to work?

Driver’s license number State of issue

Operator: Commercial (CDL) 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?

**OFFICE ONLY**

Please list two references other than relatives or previous employers.

|  |  |
| --- | --- |
| Name | Name |
| Position | Position |
| Company | Company |
| Address | Address |
| Teleohone | Telephone |

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 for which you are applying.

|  |
| --- |
| **MILITARY**HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_\_\_ Yes \_\_\_\_ NoARE YOU A MEMBER OF THE NATIONAL GUARD? \_\_\_\_ Yes \_\_\_\_ NoSpecialty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered \_\_\_\_\_\_\_\_\_\_\_\_ Discharge Date \_\_\_\_\_\_\_\_\_\_\_\_ |

**Work** Please list your work experience for the **past five years** beginning with your most recent job held.

**Experience** 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. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
|  | From \_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_ | Start \_\_\_\_\_\_\_\_\_Final \_\_\_\_\_\_\_\_\_ |
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|  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
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|  | 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. |

|  |  |  |
| --- | --- | --- |
| May we contact your present employer? |  Yes |  No |
| Did you complete this application yourself? |  Yes |  No |
| If not, who did? |

Signature Date