



# APPLICATION FOR EMPLOYMENT

## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -	
Address (Mailing Address)	(City)	(State)	(Zip)	Date of Birth / /
E-Mail Address	Are you legally entitled to work in the U.S.? Yes No			

## POSITION

Position Or Type Of Employment Desired	<b>Will Accept:</b> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>	<b>Shift:</b> Day <input type="checkbox"/> Swing <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/>
Are you able to safely lift 50 lbs? Yes No		
Have you ever been convicted of a Felony? Yes No		
Misdemeanor? Please explain on back of page Yes No		
Salary Desired	Date Available	

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No  
If no, list the highest grade completed

**College, Business School, Military (Most recent first)**

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			Yes No		
	From To			Yes No		
	From To			Yes No		
	From To			Yes No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

Interviewer's Comments:

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
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Reason For Leaving		May We Contact This Employer? Yes No
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Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_