



APPLICATION FOR EMPLOYMENT
Please print or type all information except signature.

GENERAL INFORMATION

Date _____

Position(s) Applied For: (1) _____ (2) _____

Referral Source Newspaper Website Employment Agency
 Walk-in Relative/Referral Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Home Telephone (____) _____ Cell Phone (____) _____

E-Mail address _____

If under 18, can you provide a work permit? Yes

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Are you a United States citizen? Yes No If no, do you have a valid permit? Yes No

(Proof of citizenship or immigration status may be required upon employment)

Employment desired: Full-Time Part-Time Temporary Internship

When are you available for work? _____

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Trade School				

COMPUTER SKILLS (Only for positions which require computer skills)

Check off those computer skills which you are proficient (any version)

- PC User Macintosh User Windows Microsoft Word Microsoft Access
 Microsoft Excel Microsoft Publisher Web Page Design/Maintenance E-Mail Powerpoint
 Other. Please list _____

DRIVER'S LICENSE (Only for positions which require driving)

Do you have a driver's license? Yes No

Driver's License Number _____ State of Issue _____ Operator Commercial (CDL) Chauffer

Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

MILITARY

Are you a veteran of the United States military service? Yes No If yes, what branch? _____

If yes, Date Entered _____ Date Discharged _____

If yes, please describe any special skills or training acquired while in the service:

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

Most recent Employer	Date Employed: From: To:	Work Performed	
Address	Supervisor		
Job Title	Reason for Leaving		
Starting Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	Ending Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>		
Employer	Date Employed: From: To:		
Address	Supervisor	Work Performed	
Job Title	Reason for Leaving		
Starting Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	Ending Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>		
Employer	Date Employed: From: To:		Work Performed
Address	Supervisor		
Job Title	Reason for Leaving		

Starting Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	Ending Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	
Employer	Date Employed: From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Starting Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	Ending Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	

REFERENCES
Please list two references other than relatives or previous employers.

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

I certify that information contained in this application is true and complete. I understand that false information may be grounds for termination or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____