



## EMPLOYMENT APPLICATION FORM

*Applicants may be tested for illegal drugs*

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle Initial
Maiden

Current Address: \_\_\_\_\_  
Number and street
City
State
Zip Code

Phone Number: Home ( ) \_\_\_\_\_ - \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Position applying for: \_\_\_\_\_ Days/Hours available to work: \_\_\_\_\_

Desired Salary: \_\_\_\_\_ No Pref \_\_\_\_\_  
Monday \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Tuesday \_\_\_\_\_  
Weds \_\_\_\_\_

Employment Desired \_\_\_\_\_ Full Time Only Thursday \_\_\_\_\_  
\_\_\_\_\_ Part Time Only Friday \_\_\_\_\_  
\_\_\_\_\_ Full or Part Time

When are you available to start? \_\_\_\_\_

*\* copies of your transcripts, permits or certifications may be requested*

SCHOOL TYPE	SCHOOL NAME	ADDRESS	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Trade School				
Other				



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Have you ever been convicted of a crime? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain the 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:

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Do you have a driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO

What is your means of transportation to work? \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State of Issue \_\_\_\_\_ Type \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you had any accidents during the past 3 years? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, how many? \_\_\_\_\_

Have you had any moving violations in the past 3 years? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, how many? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_



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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 you are applying for.

Have you ever been in the Armed Forces? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever been in the National Guard? \_\_\_\_\_ YES \_\_\_\_\_ NO

Specialty \_\_\_\_\_

Date Entered: \_\_\_\_\_

Discharge Date: \_\_\_\_\_



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**Work Experience:** Please list your work experience for the past five (5) years beginning with your most recent job held. Attach additional sheets if necessary.

Employer Name Address City, State ZIP Phone number	Supervisor:	Employment Dates	Pay / Salary
		From:	
		To:	
Job title:			

Reason for leaving (be specific):

List your responsibilities, duties performed, skills used or learned, advancement or promotions while at this company.

Employer Name Address City, State ZIP Phone number	Supervisor:	Employment Dates	Pay / Salary
		From:	
		To:	
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Address		From:	
City, State ZIP		To:	
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