

Employment Application

Date _____

Last Name: _____ First: _____ MI: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Type(s) of Work Desired: _____

Social Security number: _____ Home telephone: _____

Work telephone: _____ Cell Phone _____ e-mail _____

How Were You Referred To Us? _____

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide All Information Requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

EMPLOYMENT RECORD

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last Or Present Company:

_____ Type of Business: _____

Type of Job: _____ Brief Description of Job Duties: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone number: _____

Supervisor's Name: _____ Phone number: _____

Base salary: _____ Dates worked: From _____ To _____

Reason for leaving: _____

(Over)

Last Or Present Company:

_____ Type of Business: _____

Type of Job: _____ Brief Description of Job Duties: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone number: _____

Supervisor's Name: _____ Phone number: _____

Base salary: _____ Dates worked: From _____ To _____

Reason for leaving: _____

Last Or Present Company:

_____ Type of Business: _____

Type of Job: _____ Brief Description of Job Duties: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone number: _____

Supervisor's Name: _____ Phone number: _____

Base salary: _____ Dates worked: From _____ To _____

Reason for leaving: _____

EDUCATIONAL HISTORY

High School Name: _____ (city, state): _____

Major Course or Subject: _____ Dates Attended: From _____ To _____
Graduated: Yes _____ No _____ Degree: _____

Technical/Trade (after high school) School Name: _____

Location (city, state): _____ Major Course or Subject: _____

Dates Attended: From _____ To _____ Graduated: Yes _____ No _____

Degree: _____

College (list all attended)

School Name: _____ Location (city, state): _____

Major Course or Subject: _____ Dates Attended: From _____ To _____

Graduated: Yes _____ No _____ Degree: _____

OUTSIDE ACTIVITIES

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.) Professional memberships, certificates, or licenses held

Past and Present Civic or Cultural Activities (include offices held)

Principal Hobbies, Special Skills

To be Completed by Applicant for Office/Clerical Work

Typing: Yes _____ Words per Minute: _____ No _____ Dictation: Y/N _____ Words per minute: _____

To be Completed By Applicant for Shop/Plant Work--Type of Machines Operated:

Years Experience: _____

Computer Skills

Hardware:

Software: _____

Please list Other Skills and/or Equipment/Language Experience You Have Acquired:

Served Apprenticeship:

Yes _____ Type: _____ No _____

MILITARY RECORD

Branch of Service _____ From _____ To _____

Present Military Affiliation: None _____ Reserve (active) _____ Reserve (inactive) _____

Kinds of Training and Duty While in Service: _____

PROFESSIONAL/WORK REFERENCES

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name: _____ Title/Relationship: _____

Street

Address: _____ City: _____ State: _____ ZIP: _____

Phone no. (include area code) _____ Occupation: _____

May We Contact Your Present Employer? Yes _____ No _____

Wage or Salary Required: _____ Date Available: _____

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Signature

Date: _____

If any of your educational or employment records are under other than the above name, please provide other names.
