

# Employment Application

## APPLICANT INFORMATION

|   |  |                              |                             |                                   |                             |
|---|--|------------------------------|-----------------------------|-----------------------------------|-----------------------------|
| Last Name   |  | First                        |                             | M.I.                              | Date                        |
| Street Address  |  |                              |                             |                                   |                             |
| City  |  |                              | State                       |                                   | ZIP                         |
| Phone   |  |                              | E-mail Address              |                                   |                             |
| Date Available  |  | Social Security No.          |                             | Desired Salary                    |                             |
| Position Applied for                                      |  |                              |                             |                                   |                             |
| Are you prevented from being lawfully employed in the US? |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Are you 18 years of age or older? |                             |
|   |  |                              |                             | YES <input type="checkbox"/>      | NO <input type="checkbox"/> |
| Do you have a valid driver's license?                     |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                                   |                             |
| Have you ever been convicted of a felony?                 |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, please explain             |                             |

## EDUCATION, TRAINING & SPECIAL SKILLS

|  |                   |                              |                             |        |  |
|--|-------------------|------------------------------|-----------------------------|--------|--|
| High School                            |                   | Address                      |                             |        |  |
| Grade Average                          | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |
| College                                |                   | Address                      |                             |        |  |
| Grade Average                          | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |
| Other                                  |                   | Address                      |                             |        |  |
| Grade Average                          | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |
| Seminars and Classes:                  |                   |                              |                             |        |  |
| Professional License or Certification: |                   |                              |                             |        |  |
| Software or Equipment:                 |                   |                              |                             |        |  |

## REFERENCES

*Please list three professional references.*

|           |  |              |  |
|-----------|--|--------------|--|
| Full Name |  | Relationship |  |
| Company   |  | Phone        |  |
| Address   |  |              |  |
| Full Name |  | Relationship |  |
| Company   |  | Phone        |  |
| Address   |  |              |  |
| Full Name |  | Relationship |  |
| Company   |  | Phone        |  |
| Address   |  |              |  |

**PREVIOUS EMPLOYMENT**

|  |                 |                              |                             |
|--|-----------------|------------------------------|-----------------------------|
| Company  |                 | Phone                        |                             |
| Address  |                 | Supervisor                   |                             |
| Job Title  | Starting Salary | Ending Salary                |                             |
| Responsibilities   |                 |                              |                             |
| From   | To              | Reason for Leaving           |                             |
| May we contact your previous supervisor for a reference? |                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

|  |                 |                              |                             |
|--|-----------------|------------------------------|-----------------------------|
| Company  |                 | Phone                        |                             |
| Address  |                 | Supervisor                   |                             |
| Job Title  | Starting Salary | Ending Salary                |                             |
| Responsibilities   |                 |                              |                             |
| From   | To              | Reason for Leaving           |                             |
| May we contact your previous supervisor for a reference? |                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

|  |                 |                              |                             |
|--|-----------------|------------------------------|-----------------------------|
| Company  |                 | Phone                        |                             |
| Address  |                 | Supervisor                   |                             |
| Job Title  | Starting Salary | Ending Salary                |                             |
| Responsibilities   |                 |                              |                             |
| From   | To              | Reason for Leaving           |                             |
| May we contact your previous supervisor for a reference? |                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**EMPLOYEMENT PREFERENCES**

Position Desired:

Are you willing to travel?      YES     NO

Career Objectives:

Type of Employment Desired:    FULL TIME (30+ HOURS)     PART TIME     TEMPORARY

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_ Date \_\_\_\_\_