

PLEASE PRINT ALL
INFORMATION
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SIGNATURE



APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 **TODAY'S DATE** _____

Name _____
Last First Middle Maiden

Present Address _____
Number Street City State Zip

How Long _____ **Social Security No.** _____ - _____ - _____

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

Date of Birth (mm\dd\yy) _____

Position applied for (1) _____ **Days/Hours available to work**
 (2) _____ **No Pref** _____
 (3) _____ **Mon** _____ **Thur** _____
Tue _____ **Fri** _____
Wed _____ **Sat** _____

How many hours can you work weekly? _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL OR PART-TIME

When available for work? _____

EDUCATION

Type of School	Name of School	Location (City / State)	Number of Years Completed	Did you Graduate? (Major & Degree)
High School				
College				
Bus/Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes*

If yes, explain 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 of rehabilitation.

* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

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DO YOU HAVE A VALID DRIVER'S LICENCE? Yes No **Is it revoked?** _____

What is your means of transportation to work? _____

Driver's license number _____ **State of issue** _____ **Expiration Date** _____

Operator Commercial (CDL) Chauffeur

Have you had any accident's during the last three years? Yes No **How many?** _____

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

Can you drive a manual transmission vehicle? Yes No

Please list two references other than relatives or previous employers.

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

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Uses the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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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.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

Signature _____