



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS	
PLEASE COMPLETE PAGES 1-4.	Date _____
Name _____	
Present Address _____	
How Long _____	Social Security Number _____ - _____ - _____
Telephone _____	Email _____
If under 18, please list age _____	Days/hours available to work
Position Applied For _____	No Pref _____ Thu _____
Salary Desired _____	Mon _____ Fri _____
	Tue _____ Sat _____
	Wed _____ Sun _____
How many hours can you work weekly? _____	Can you work nights? _____
When are you available for work? _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  Yes  No

If yes, explain number of convictions(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 Number \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Operator           Commercial (CDL)           Chauffeur

Have you had any accidents in the past three years?           Yes           No          How many? \_\_\_\_\_

Have you had any moving violations in the past three years?           Yes           No          How many? \_\_\_\_\_

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. Use the space below to summarize any additional information necessary to describe your full qualification for the specific position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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MILITARY		
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speciality _____	Date Entered _____	Discharge Date _____

<b>WORK EXPERIENCE</b>	Please list your work experience for the <b>past five years</b> beginning with the most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>
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Name of Employer	Name of last supervisor	Employment dates	Pay or Salary
Address		From	Start
City, State, Zipcode		To	Final
Phone Number	Your Last Job Title		
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? \_\_\_\_\_