

APPLICATION FOR EMPLOYMENT

(Valid for only 90 days)

An Equal Opportunity Employer

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

Last Name (Please Print) _____ First _____ Middle _____ Social Security Number _____ Date _____

Present Address _____ Street _____ City/State _____ Zip Code _____ Telephone Number _____

Position applying for _____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No. If Yes, give dates and explain, (Attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment.

Are you over 18 years of age? ☐ Yes ☐ No. If under 18 years old, date of birth _____

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for each School	No. of Yrs. Completed	Degree	Major Course of Study
High School	_____			

College	_____			

Graduate School	_____			

Trade, Bus., Night, or Corres.	_____			

Other	_____			

Other skills: List any other job-related skills or qualifications that support your application. _____

Honors Received: _____

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? ☐ Yes ☐ No If Yes, identify names and relevant dates.

Have you had prior educational experience which relates to the job for which you are applying? ☐ Yes ☐ No
If Yes, describe: _____

Are you a veteran of the U.S. Military Service? ☐ Yes ☐ No If Yes, what branch of Service? _____

If Yes, beginning date and ending date of active duty: From: _____ Yr/Mo To: _____ Yr/Mo

Date of Discharge from Military Service: _____

Have you ever been dismissed or forced to resign from any employment? ☐ Yes ☐ No If Yes, please explain.

IN CASE OF EMERGENCY, NOTIFY:

Name	Phone Number	Relationship
Address		City / State

Do you have transportation to work? ☐ Yes ☐ No

Will you work overtime if asked? ☐ Yes ☐ No

Are there any hours, shifts or days you will not work? ☐ Yes ☐ No If Yes, explain:

Do you have any friends or relatives who work here? ☐ Yes ☐ No

Name _____ Relationship _____

Name _____ Relationship _____

Spouse:

Name	Address	Where Employed
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Are you now employed? ☐ Yes ☐ No Are you on a layoff? ☐ Yes ☐ No Are you subject to recall? ☐ Yes ☐ No

May we contact your present Employer? ☐ Yes ☐ No Previous Employers? ☐ Yes ☐ No

Please identify any exceptions and reasons for not contacting prior employers: _____

CHARACTER REFERENCES:

List three persons not related to you, whom you have known at least one year.

	NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List below any other information or remarks that you wish to have considered as a part of your application for employment.

Have you filed an application here before? ☐ Yes ☐ No If Yes, give date: _____

Have you ever been employed here before? ☐ Yes ☐ No If Yes, give dates: _____

EMPLOYMENT EXPERIENCE:

ALL FORMER JOBS (List most recent job first.) Account for all time periods including **unemployment, self-employment** and **military service**. (Attach separate paper(s), if necessary.)

Employer	Dates Employed (From / To)	Work Performed
Address		
Job Title	Hourly Rate / Salary (Starting / Final)	
Immediate Supervisor	Telephone No. ()	
Reason for Leaving		

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