

## JOB APPLICATION

*PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

| Name and Address   |               |       |      |  |      |                       |      |
|--|---------------|-------|------|--|------|-----------------------|------|
| Name (First, MI, Last)   |               |       |      | Social Security Number                       |      |                       |      |
| Mailing Address  |               |       |      |  |      |                       |      |
| City, State, and Zip Code  |               |       |      |  |      |                       |      |
| Telephone  |               |       |      | Alternate Phone                              |      |                       |      |
| If under 18, please list age   |               |       |      | Email  |      |                       |      |
| Job Type   |               |       |      |  |      |                       |      |
| Days/hours available to work   |               |       |      |  |      |                       |      |
| I have no preference.  | Mon.          | Tues. | Wed. | Thurs.                                       | Fri. | Sat.                  | Sun. |
| I am seeking a: Position   | Full-time job |       |      | Part-time job                                |      | Full- or - Part-time  |      |
| Applying For :   |               |       |      | Can you work nights? Date available to begin |      |                       |      |
| Additional Information   |               |       |      |  |      |                       |      |
| Have you ever been employed by this organization in the past?  |               |       |      |  | Yes  |                       | No   |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. |               |       |      |  | Yes  |                       | No   |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a with held judgment to a felony?             |               |       |      |  | Yes  |                       | No   |
| If Yes, please explain:  |               |       |      |  |      |                       |      |
| Do you have a driver's license?  |               | Yes   |      | No   |      | Issued in what state? |      |
| Have you had any accidents during the past three years?  |               |       |      | How many?                                    |      |                       |      |
| Have you had any accidents during the past three years?  |               |       |      | How many?                                    |      |                       |      |

| Education                                   |                            |                 |       |                   |
|---|----------------------------|-----------------|-------|-------------------|
| School                                      | Location (mailing address) | Years Completed | Major | Degree of Diploma |
| <b>High School</b>                          |                            |                 |       |                   |
|   |                            |                 |       |                   |
|   |                            |                 |       |                   |
|   |                            |                 |       |                   |
|   |                            |                 |       |                   |
| <b>College or Business/ Trade School</b>    |                            |                 |       |                   |
|   |                            |                 |       |                   |
|   |                            |                 |       |                   |
|   |                            |                 |       |                   |
|   |                            |                 |       |                   |
| <b>Military</b>                             |                            |                 |       |                   |
| Have you even been in the Armed Forces?     |                            | Yes             | No    | Date entered      |
| Are you now a member of the National Guard? |                            | Yes             | No    | Date entered      |
| Specialty                                   |                            |                 |       |                   |

### Work Experience

**Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.**

|                           |                         |                 |
|---------------------------|-------------------------|-----------------|
| Company                   | Name of last supervisor | Hrs/week        |
| Address                   | Start Date              | Starting Salary |
| City, State, and Zip Code | End Date                | Final Salary    |
| Phone number              | Your last job title     |                 |

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

May we contact this employer?      Yes      No

|                           |                         |                 |
|---------------------------|-------------------------|-----------------|
| Company                   | Name of last supervisor | Hrs/week        |
| Address                   | Start Date              | Starting Salary |
| City, State, and Zip Code | End Date                | Final Salary    |
| Phone number              | Your last job title     |                 |

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

May we contact this employer?      Yes      No

### Work Experience

|   |                         |                 |
|---|-------------------------|-----------------|
| Company   | Name of last supervisor | Hrs/week        |
| Address   | Start Date              | Starting Salary |
| City, State, and Zip Code   | End Date                | Final Salary    |
| Phone   | 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 |                         |                 |
| May we contact this employer?   | Yes                     | No              |

### References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

3.

4.

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Signature

Date