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DI ICATION COD EMBL OVEMENT		

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS PLEASE COMPLETE PAGES 1-4. DATE ___ Name _ First Middle Maiden Present address _____ Street State How long _____ Social Security No. ____ - ___ - ___ Telephone (___)_____ If under 18, please list age _____ Days/hours available to work Position applied for (1) _____ No Pref _____ Thur ____ Mon _____ Fri ____ Tue ____ Sat ____ Wed ___ Sun ____ and salary desired (2) _____ (Be specific) How many hours can you work weekly? _____ Can you work nights? Employment desired __FULL-TIME ONLY __PART-TIME ONLY __FULL- OR PART-TIME When available for work?____ TYPE OF SCHOOL NAME OF SCHOOL LOCATION NUMBER OF YEARS MAJOR & (Complete mailing COMPLETED DEGREE address) High School College Bus, or 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(s) of rehabilitation. _

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APPLICATION FOR EMPLOYMENT							
DO YOU HAVE A DRIVER'S LICENSE?	Yes	No					
What is your means of transportation to work	?						
Driver's license number Expiration date	State o	fissue _		_ Operator	Com	mercial (CDL)	_ Chauffeur
Have you had any accidents during the past the Have you had any moving violations during the			rs?		How m	nany? lany?	
		OFFI	CE ONLY				
Yes TypingNoWPM PersonalYesPC ComputerNoMac		10-key	Other	Proces	sing	Yes No	WPM
Please list two references other than relatives	or prev	ious emp	lovers.				
Name		5.					
Position							
Company							
Address							
Telephone ()			Telephone				
		 /6	,				
An application form sometimes makes it diffice space below to summarize any additional infowhich you are applying.	ult for ar rmation	n individua necessar	al to adequate y to describe	ely summariz your full qua	e a comp lification	plete background s for the specific	. Use the position for
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APPLICATION FOR EMPLOYMENT					
MILITARY					
HAVE YOU EVER BEEN IN THE ARMED FORCES?	YesNo				
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	Yes	No			
Specialty Date En	tered	Discharge Date	•		
			~		
Work Please list your work experience for the past to lif you were self-employed, give firm name. At			job held.		
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
Thore names		То	Final		
	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.					
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
To Final					
Your Last Job Title					
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	motions while you wo	rked at this		

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Work experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.					
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
Thore number		То	Final		
	Your last job title		•		
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned company.	, advancements or pro	motions while you wo	rked at this		
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned company.	, advancements or pro	motions while you wo	rked at this		
May we contact your present employer? Yes No					
Did you complete this application yourself Yes No					
If not, who did?					