

# EMPLOYMENT APPLICATION FORM

PLEASE NOTE: 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. PLEASE PRINT

## APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

NAME AND ADDRESS		
Name (First, MI, Last)	Social Security Number	Date of Birth
Maiden Name		
Mailing Address		
City, State, and Zip Code		
Home Phone		Message Phone or Cell Phone
E-mail Address		May we use email to contact you Yes _____ No _____

Additional Information
Have you been an employee of this organization in the past? Yes _____ No _____
I certify that I am in compliance with the provisions of the Selective Service Act (Draft Registration). Yes _____ No _____
I certify that I am an 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 withheld judgement to a felony? Yes _____ No _____ If yes please explain.
DO YOU HAVE A VALID DRIVER'S LICENSE? Yes _____ No _____ If No, what is your means of transportation to work?
These questions must be answered in order to be considered for employment.

Education (Schools attended, or special training received)			
School	From	To	Did you Graduate?
Location		Type of degree or diploma	
School	From	To	Did you Graduate?
Location		Type of degree or diploma	
School	From	To	Did you Graduate?
Location		Type of degree or diploma	

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Work History			
Job Title	From	To	Hrs/Week
Employer		Address	
Phone	Supervisor	May we contact this employer? Yes ____ No ____	
Reason for leaving?			
Job Title	From	To	Hrs/Week
Employer		Address	
Phone	Supervisor	May we contact this employer? Yes ____ No ____	
Reason for leaving?			
Job Title	From	To	Hrs/Week
Employer		Address	
Phone	Supervisor	May we contact this employer? Yes ____ No ____	
Reason for leaving?			

How did you find out about this position?		
Current employee? ____	Newspaper? ____	Other? ____ Explain:

Job Type / Shift	
<b>JOB YOU ARE APPLYING FOR</b> _____ <b>2<sup>ND</sup> CHOICE</b> _____	
Full Time ____ Part Time ____ PRN ____ Temp ____ Either ____	Weekends ____ Days ____ Nights ____ Holidays ____ Anytime ____

References other than Relatives		
Name	Address	Phone
Comments:		

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References other than Relatives		
Name	Address	Phone
Comments:		
Name	Address	Phone
Comments:		

References from previous Employers		
Name Position	Company name and address	Phone
Comments:		
Name Position	Company name and address	Phone
Comments:		
Name Position	Company name and address	Phone
Comments:		
<p>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 qualifications for the specific position which you are applying.</p>		

Signature:	Date:
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I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with this company terminated.