

APPLICATION FOR EMPLOYMENT

Date _____

Directions: Type or print in *blue or black ink*. Answer all questions which are applicable. Please do not state "See Resume".

| PERSONAL INFORMATION | | | |
|----------------------|--------------------------|------------------------|-----|
| Last Name | First Name | Middle | |
| Address | City | State | Zip |
| Phone | Day Phone (if Different) | Social Security Number | |
| Fax Number | E-Mail Address | | |

| EMPLOYMENT INFORMATION | |
|--|-----------------------|
| Position for which you are applying _____ | |
| Are you employed at the present time? _____ If yes, please complete the information below | |
| Employer's Name: | _____ |
| Employer's Address: | _____ _____ |
| 1. How long have you been with this employer? _____ | Present Salary: _____ |
| 2. If offered a position, when can you report for work? _____ | |
| 3. If hired can you show proof of your legal right to work in the U.S.? | Yes _____ No _____ |
| 4. Have you ever been dismissed, or asked to resign from any position? | Yes _____ No _____ |
| 5. Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment? A yes answer to the above question does not necessarily disqualify an applicant from employment. | Yes _____ No _____ |
| If yes to number 4 or 5, please explain: _____ _____ | |

| EDUCATION | |
|---|---|
| Please list on the following lines all schools attended and any other pertinent information about your education. | |
| School(s) | Subjects Studied (if applicable) |
| High School | _____ |
| College (Including dates attended) | _____ |
| | |

EMPLOYMENT EXPERIENCE (List most recent experience first)

| Name & Address | Position(s) Held | Dates (Start - End) |
|----------------|------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

REFERENCES

| Name & Address (Include City, State, Zip) | Phone | Relationship |
|---|-------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

The following section is to be completed by applicant for an OFFICE POSITION:

Can you type? _____ How many words per minute? _____

Computer Skills Macintosh _____ PC _____

Please provide computer and software knowledge below:

| |
|--|
| |
| |
| |
| |
| |

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

Signature

Date

APPLICATION FORM (cont.)

Answer the following questions:

1. Have you ever been convicted of a criminal offense? _____
2. Have you ever been suspended/expelled from school? _____
3. Have you had more than one speeding ticket in the past year? _____
4. Have you ever carried a prohibited weapon? _____
5. Do you associate with a member of any street gang? _____
6. Have you every tried any illegal narcotics? _____
7. Have you smoked marijuana? _____
 - a. If yes, how many times and how long ago? _____
8. Have you ever been involved in a vehicle collision? _____

If you answered yes to any of the following, please explain: _____

What is your date of birth: _____ **(Month / Day / Year)**

Parent/Guardian Name (If under 18 years of age):

Address: _____

Telephone Number: _____