

Application for Employment

Social Security Number	Last Name	First Name		Middle/Maiden Name	
Address		City		County	
State	Zip Code	Home Phone	Business Phone		
Circle the types of work you will accept: Permanent full-time Permanent part-time Temporary full-time Temporary part-time Split-shift work Weekend work Any of the above If you are not available for work now, enter the earliest date you could begin work (mo./day/yr.) _____					
Job Applied For Please enter below the specific title of the job for which you are applying.					
Referral Source Please indicate your referral source:					
Education Circle highest level of education completed: High School Diploma GED College 1 2 3 4 Graduate School 1 2 3 4					
Schools	Name and Location	Dates Attended: (mo/yr) From: To:		Degree Awarded? (please specify degree)	Major
High School					
College					
Graduate/Professional					
Other/Technical					
Please list any relative training programs and continuing education seminars you have completed in the last five years.					

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Skills

Circle the following skills, experiences, etc. which you have:

Driver's License # _____ State _____ Sign Language _____ Other: _____
 Car for use at work _____ Foreign Language _____
 Typing (specify wpm) _____ Computer usage (specify software) _____

Professional licenses and certifications (list, giving dates and sources of issuance)

Have you ever been charged with an offense against the law other than a minor traffic violation? (circle) YES NO

If yes, please explain fully on an additional sheet of paper.

Work History (include volunteer experience) Use additional sheets if necessary. "See Resume" will not be accepted.

Employer		Address		
Job Title		Supervisor's Name	Telephone No.	No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending Salary \$ _____ per _____	Reason for Leaving:	May We Contact Employer? YES NO
Date Separated (mo/yr)	List major duties in order of importance in the job.			
Full Time _____ yrs. _____ mos.				
Part Time _____ yrs. _____ mos.				
If part time, no. hours per week:				
Employer		Address		
Job Title		Supervisor's Name	Telephone No.	No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending Salary \$ _____ per _____	Reason for Leaving:	May We Contact Employer? YES NO
Date Separated (mo/yr)	List major duties in order of importance in the job.			
Full Time _____ yrs. _____ mos.				
Part Time _____ yrs. _____ mos.				
If part time, no. hours per week:				

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Work History – continued

Employer		Address		
Job Title		Supervisor's Name	Telephone No.	No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per	Reason for Leaving:	May We Contact Employer? YES NO
Date Separated (mo/yr)	List major duties in order of importance in the job.			
Full Time _____ yrs. _____ mos.				
Part Time _____ yrs. _____ mos.				
If part time, no. hours per week:				
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Full Time _____ yrs. _____ mos.				
Part Time _____ yrs. _____ mos.				
If part time, no. hours per week:				

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action.

Signature of Applicant (unsigned applications will not be considered)

Date