



# Employment Application

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
City State Zip

Telephone: ( ) \_\_\_\_\_

Are you over the age of 18?  Yes  No

If under 18, date of birth: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Desired Wage: \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Can you work nights?  Yes  No

Days/Hours available to work (List times available to work on line next to day of the week)

- No preference  Wednesday \_\_\_\_\_  Saturday \_\_\_\_\_
- Monday \_\_\_\_\_  Thursday \_\_\_\_\_  Sunday \_\_\_\_\_
- Tuesday \_\_\_\_\_  Friday \_\_\_\_\_

When are you available to start? \_\_\_\_\_

Do you have a driver's license?  Yes  No

If no, what will your transportation to work be?  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  Yes  No

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:  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City & State)	NUMBER OF YEARS COMPLETED	MAJOR/DEGREE
High School				
College				
Business/Trade School				
Professional School				

**WORK EXPERIENCE** Please list your work experience for the **past three employers** beginning with your most recent job held.

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay/Salary
Address:		From:	Start:
City/State/Zip:		To:	Final:
Phone #:	Your last job title:		
Reason for leaving (be specific):			

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay/Salary
Address:		From:	Start:
City/State/Zip:		To:	Final:
Phone #:	Your last job title:		
Reason for leaving (be specific):			

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay/Salary
Address:		From:	Start:
City/State/Zip:		To:	Final:
Phone #:	Your last job title:		
Reason for leaving (be specific):			

**REFERENCES** Please list two personal references (cannot be member of immediate family)

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Telephone: ( ) _____	Telephone: ( ) _____
Relationship: _____	Relationship: _____

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 for which you are applying.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_