

APPLICATION FOR EMPLOYMENT

Date: _____

❖ Personal Information

Name: _____

Last

First

Middle/Maiden

Address: _____

Street

City

State

Zip

Home Phone: _____ Cell Phone: _____

❖ Emergency Contact

Name: _____ Address: _____

Relationship: _____ Phone Number: _____

❖ Work Eligibility/Availability

Are you a U.S. citizen? Yes: ___ No: ___ Are you available to work weekends? _____

When will you be available to begin work? _____

Military Service: Branch _____ From: _____ To: _____

Type of Discharge: _____

List Professional groups in which you hold membership: _____

Have you ever been convicted/sentenced for violation of any law other than minor traffic violations? _____

If yes, give details. _____

Have you ever been discharged from any position? _____

If yes, give details. _____

❖ Education

| Type School | Name and City/State of School | | Nature of Courses Taken | Diploma or Degree |
|-------------------------|-------------------------------|--|-------------------------|-------------------|
| High | | | | |
| College | | | | |
| Other (Bus, Tech, etc.) | | | | |

What other skills do you possess that would qualify you for the position in which you are applying?

Typing Speed _____ W.P.M. Dictation _____ W.P.M Dictaphone _____

Filing _____ Bookkeeping _____ List machines you can use:

❖ Position Desired

Position applying for: _____

Rate of pay expected: \$ _____ Per Week _____ Per Month _____

❖ **Employment History (List current position first.)**

Company Name: _____ Phone Number: _____

Street Address _____ City _____ State _____ Zipcode _____

Position Held: _____ Supervisor: _____

Employed (Month and Year) From: _____ To: _____

Salary: _____ Reason for Leaving: _____

Job Description: _____

Company Name: _____ Phone Number: _____

Street Address _____ City _____ State _____ Zipcode _____

Position Held: _____ Supervisor: _____

Employed (Month and Year) From: _____ To: _____

Salary: _____ Reason for Leaving: _____

Job Description: _____

Company Name: _____ Phone Number: _____

Street Address _____ City _____ State _____ Zipcode _____

Position Held: _____ Supervisor: _____

Employed (Month and Year) From: _____ To: _____

Salary: _____ Reason for Leaving: _____

Job Description: _____

May we contact you present employer? Yes _____ No _____

❖ **Personal References (other than former employers or relatives)**

| Name/Occupation | Address | Phone Number |
|-----------------|---------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The facts stated herein are complete and true. I understand that any false statements shall be cause for dismissal. I authorize you to contact references and former employers.

Signature of Applicant

Date