

Application For Employment

PERSONAL INFORMATION

Today's Date _____

Print Name _____
LAST FIRST MIDDLE

Soc. Sec. Number _____

Current Address _____
NUMBER STREET CITY STATE ZIP

Former Address _____
NUMBER STREET CITY STATE ZIP

Home Telephone () _____ Referred by _____

Other Telephone () _____ Are You at Least 18 Years of Age? _____

Each applicant will be given employment consideration based on individual merit, without regard to the individual's race, color, religion, sex, national origin, the presence of a non-job related medical condition or handicap, or other categories governed by applicable law. We are an equal opportunity employer.

FOR OUR REFERENCE

Position Desired _____ Salary Desired _____ Date Available _____

Ever Work Here Before? _____ Ever Apply Here Before? _____ Related to Anyone Here? _____

Are You Employed Now? _____ Will Present Employer Give A Reference Now? _____

In Case of Emergency Contact _____
NAME RELATIONSHIP TELEPHONE
ADDRESS CITY STATE ZIP

EMPLOYMENT HISTORY (LIST YOUR LAST FOUR EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT ONE FIRST.)

DATES OF EMPLOYMENT FROM TO	NAME AND ADDRESS OF EMPLOYER	SALARY BEG./END.	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

PHYSICAL DATA

Do You Have Any Physical or Mental Limitations Which Would Restrict Your Job Performance? Yes No

If Yes, Explain _____

Are You Willing To Take a Pre-Employment Physical Examination? Yes No

Are You Willing To Take a Pre-Employment Substance Abuse Test? Yes No

EDUCATION

SCHOOL	NAME AND LOCATION	DATES ATTENDED (OPTIONAL)	MAJOR SUBJECTS	DID YOU GRADUATE? (LIST DEGREE ATTAINED.)
ELEMENTARY				
HIGH SCHOOL				
TRADE OR TECHNICAL				
COLLEGE OR UNIVERSITY				

List Any Areas of Special Study in School _____

Please list all software and hardware that you have experience with. (i.e. Illustrator, Macintosh, CD Writers, Scanners, etc.)

REFERENCES (LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS.)

NAME	ADDRESS/PHONE	TELEPHONE NO.	RELATIONSHIP	YEARS KNOWN

OTHER INFORMATION

List Any Special Qualifications You Have (SPECIALIZED TRAINING AND/OR EXPERIENCE.) _____

Military Experience (DATES OF SERVICE, BRANCH, JOB TITLE, RANK, TYPE OF DISCHARGE.) _____

List Any Specific Computer Skills You Have (PROGRAMS, APPLICATIONS, ETC.) _____

List Hobbies, Areas of Interest _____

APPLICANT'S STATEMENT

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or, if hired, dismissal. I authorize investigation of all statements contained in this application. I understand that this application is not and is not intended to be a contract of employment. I understand and agree that my employment is for no specific period of time and may, regardless of the date of payment of my salary, be terminated at any time without previous notice.

SIGNATURE OF APPLICANT _____ DATE _____