

# 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 <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever been dismissed, or asked to resign from any position?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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