



Application for Employment

| | | | | |
|---|----------------------------------|---------------------|-------------------------|-----|
| Title of Specific Position for Which you are Applying | | Date of Application | Date Available for Work | |
| Last Name | First Name | | Middle Initial | |
| Mailing Address | City | | State | Zip |
| E-mail Address | Are you 18 years of age or over? | | Residence Phone | |
| County of Residence | Yes | No | Business Phone | |

Education

Did you graduate from high school or receive a GED?

No Yes School Attended # of Years (7-20)

| Name and Location of College, University, Technical Schools | Did you Graduate? | | Certificate or Degree | Course of Study |
|---|-------------------|----|-----------------------|-----------------|
| | Yes | No | | |
| No | Yes | No | | |
| | Yes | No | | |
| | Yes | No | | |
| | Yes | No | | |

Employment

(List employment history, but do not provide dates of employment for jobs held more than five years ago.)

| | | | | | | |
|----------------|-------------------|--------------------|--|----|-------|------|
| Employing Firm | Month | Month | Year | To | Month | Year |
| Address | | Reason for Leaving | | | | |
| Phone Number | Supervisor | | | | | |
| Your Title | Supervisors Title | | May we contact this employer? Yes or No If No explain. | | | |

Principal Responsibilities

| | | | | | | |
|----------------|-------------------|--------------------|--|----|-------|------|
| Employing Firm | Month | Month | Year | To | Month | Year |
| Address | | Reason for Leaving | | | | |
| Phone Number | Supervisor | | | | | |
| Your Title | Supervisors Title | | May we contact this employer? Yes or No If No explain. | | | |

Principal Responsibilities

| | | | | | | |
|----------------|-------------------|--------------------|--|----|-------|------|
| Employing Firm | Month | Month | Year | To | Month | Year |
| Address | | Reason for Leaving | | | | |
| Phone Number | Supervisor | | | | | |
| Your Title | Supervisors Title | | May we contact this employer? Yes or No If No explain. | | | |

Principal Responsibilities

| | | |
|-----------------------------------|--|--|
| Are you willing to work overtime? | What shift would you prefer? (If applicable) | Are you willing to work other shifts? Yes No |
| | | If yes what shifts? 1st 2nd 3rd |

Job Relevant Volunteer and Unpaid Work Experience

| Kind of Volunteer Activity (Do not specify organization.) | Major Responsibilities | # Hours/Week | Length of Service |
|--|------------------------|--------------|-------------------|
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Describe any additional experience or training that qualifies you for this job

References

(Give us the name of three people outside of relatives who can be contacted regarding your qualifications, work habits and character.)

| Name | Present Address | Phone | Position and relation to your work |
|------|-----------------|-------|------------------------------------|
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| | | | |

Military

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. After having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? Yes No

Felony Conviction

Have you served a sentence in jail or prison or been convicted of a felony for which a jail sentence could have been imposed? You may answer "No" is the conviction or criminal records have been annulled, seal, set aside or purged or if you have been pardoned pursuant to the law. Yes No

In Connection with this application for employment, I authorize the employer and any agent acting on it's behalf to conduct any inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institute relating to academic performance such as transcripts. More over, I hereby release the employer and any agency acting on it's behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information above

Date

Signature (do not print)
