



EMPLOYEE APPLICATION

Please type or print all responses. Answer all questions (use No, None, or N/A when applicable) with complete and accurate information. You are responsible for notifying the personnel office if your mailing address, home address or home or business telephone number changes after submission of this form. An accurate and complete form with help expedite your application. Any deliberate omissions or falsifications may result in disqualification.

Name Last First Middle SSN DOB

CONTACT INFORMATION

Current Address Street Address City State Zip
Previous Address Street Address City State Zip
Home Telephone Rate of Pay Expected

EDUCATION

Elementary or High school grade completed (Circle One) Did you graduate or achieve GED? Yes No

Table with 4 columns: Type of School, Name & Location of School, Dates Attended (From, To), Graduated (Yes, No). Includes a row for High School.

Table with 5 columns: Type of School, Name & Location of School, Dates Attended (From, To), Graduated (Yes, No), Field of Study. Includes a row for College or University.

Table with 5 columns: Type of School, Name & Location of School, Dates Attended (From, To), Graduated (Yes, No), Field of Study. Includes a row for Technical or Vocational.

List all valid licenses (include Driver's License) and certifications:

Table with 4 columns: Type, License Number, State, Expiration Date

Have any of the above licenses ever been suspended? Yes No If yes, explain:

## EMPLOYMENT HISTORY

Start with present or most recent employment and work back. Do not omit any periods of employment.

May we contact your present employer?                      Yes     No

Have you ever received any disciplinary action?        Yes     No

If yes, please explain. \_\_\_\_\_

Last Employer _____	Phone # _____
Mailing Address _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
City & State _____	

Starting Date		Leaving Date		Starting Position Title	Present or Last Title
MO	YR	MO	YR		

Immediate Supervisor: \_\_\_\_\_

Briefly Describe your duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer _____	Phone # _____
Mailing Address _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
City & State _____	

Starting Date		Leaving Date		Starting Position Title	Present or Last Title
MO	YR	MO	YR		

Immediate Supervisor: \_\_\_\_\_

Briefly Describe your duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer _____	Phone # _____
Mailing Address _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
City & State _____	

Starting Date		Leaving Date		Starting Position Title	Present or Last Title
MO	YR	MO	YR		

Immediate Supervisor: \_\_\_\_\_

Briefly Describe your duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer _____	Phone # _____
Mailing Address _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
City & State _____	

Starting Date		Leaving Date		Starting Position Title	Present or Last Title
MO	YR	MO	YR		

Immediate Supervisor: \_\_\_\_\_

Briefly Describe your duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer _____	Phone # _____
Mailing Address _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
City & State _____	

Starting Date		Leaving Date		Starting Position Title	Present or Last Title
MO	YR	MO	YR		

Immediate Supervisor: \_\_\_\_\_

Briefly Describe your duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### REFERENCES

In the space below, please list as references 3 -5 individuals who have professional knowledge of you. Exclude relatives and former employers.

Name	Address, City, State & Zip	Telephone

### WORK REQUIREMENT INFORMATION

If offered employment, are you available to start work immediately?   Yes   No

If no, when are you able to start?

If offered employment, is there any reason you would not be able to continuously perform essential job duties the first six months   Yes   No

If yes, please provide an explanation: \_\_\_\_\_

Are you legally eligible to work in the U.S.?   Yes   No

I have read the job requirements for the position I have applied for and certify that I am able to perform the essential job functions of that position, with or without, reasonable accommodation.

I further certify that all statements and information contained herein are true and complete and I understand that any misstatements of or omissions material fact will result in disqualification or dismissal.

Print Name

Signature

Date