



# EMPLOYMENT APPLICATION

NAME		SOCIAL SECURITY		DATE / /	
PRESENT ADDRESS		CITY		STATE	ZIP
PHONE NUMBER	POSTING DESIRED	DATE YOU CAN START		SALARY DESIRED	
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PLEASE CIRCLE THE DAYS THAT YOU ARE AVAILABLE TO WORK

ANY DAY / ANY TIME

MON	TUES	WED	THURS	FRI	SAT	SUN
FROM - TO	FROM - TO	FROM - TO	FROM - TO	FROM - TO	FROM - TO	FROM - TO

## EDUCATION

HIGH SCHOOL NAME & LOCATION

YEARS ATTENDED

DID YOU GRADUATE

COURSE OF STUDY

HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## PREVIOUS EMPLOYMENT

EMPLOYER		DATES EMPLOYED FROM TO	
ADDRESS			
TELEPHONE NUMBERS		HOURLY RATE / SALARY STARTING FINAL	
JOB TITLE	SUPERVISOR MAY WE CONTACT		
REASON FOR LEAVING			

EMPLOYER		DATES EMPLOYED FROM TO	
ADDRESS			
TELEPHONE NUMBERS		HOURLY RATE / SALARY STARTING FINAL	
JOB TITLE	SUPERVISOR MAY WE CONTACT		
REASON FOR LEAVING			

EMPLOYER		DATES EMPLOYED FROM TO	
ADDRESS			
TELEPHONE NUMBERS		HOURLY RATE / SALARY STARTING FINAL	
JOB TITLE	SUPERVISOR MAY WE CONTACT		
REASON FOR LEAVING			

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE / RANK
-------------------	-----------------------

## REFERENCES

BELOW GIVE THE NAMES OF THREE PERSONS NOT RELATED TO, WHOM YOU KNOW FOR AT LEAST ONE YEAR

	NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1				
2				
3				

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE PAST 5 YEARS?  YES  NO

IF YES EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION).

SIGNATURE

\*I UNDERSTAN THAT MY APPLICATION WILL REMAIN ACTIVE FOR 45 DAYS FROM THE DATE RECEIVED.

DATE