

APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: _____
LAST
FIRST
MIDDLE
MAIDEN

PRESENT ADDRESS: _____

HOW LONG: _____

Social Security No: _____ - _____ - _____

TELEPHONE: _____

Driver's License # _____

DATE OF BIRTH: _____

EMAIL: _____

POSITION APPLIED FOR: _____

DAYS/HOURS AVAILABLE FOR WORK:

No pref: _____ Thur _____
 Mon _____ Fri _____
 Tues _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (ADDRESS)	DATES ATTENDED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUS. OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				

Have you ever been convicted of a crime? _____ No _____ Yes

If yes, explain number of conviction(s), nature of offense(s), leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

DO YOU HAVE A DRIVER'S LICENSE: _____ YES _____ NO

Driver's license number: _____ State of Issue _____
 Expiration date: _____

Work Experience: Please list your work experience for the past **five years** beginning with your most recent job held. Attach additional sheets if necessary or a resume is also adequate.

Name of Employer: Address: City, State, Zip Phone number	Name of last supervisor	Employment Dates:	Pay or salary:
Reason for leaving			
Job duties:			

May we contact this employer? Yes _____ No _____

Name of Employer: Address: City, State, Zip Phone number	Name of last supervisor	Employment Dates:	Pay or salary:
Reason for leaving			
Job duties:			

May we contact this employer? Yes _____ No _____

Name of Employer: Address: City, State, Zip Phone number	Name of last supervisor	Employment Dates:	Pay or salary:
Reason for leaving			
Job duties:			

May we contact this employer? Yes _____ No _____

I certify that my answers are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. In the event I am employed. I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of

Applicant: _____ Date: _____