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APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer – M/F/D/V

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT IN INK AND COMPLETE IN FULL.*

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| --- |
| I. Personal Data |

Name

Last First Middle

Address  Number and Street  City State  Zip code

Telephone Number ( ) Soc. Sec. No.

Cell Number ( ) Email Address

Position Applied for

When are you available for employment? Salary Expected

Referred by

|  |
| --- |
| **YES NO**  **Are You…**  Have you applied here before?    Under 18 years of age?  *A work permit may be required where appropriate*   Legally eligible for employment in the U.S.?  *If hired, verification is required by law.* |

Have you ever been convicted of a felony, which has not been expunged or sealed by court?

 Yes  No Record

A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation.

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| **ADDITIONAL INFORMATION** |

Are you willing to work overtime?  Yes  No

Have you ever been educated or employed under a different name?  Yes  No

If yes, state name:

Do you have a relative in our employ?  Yes  No If yes, state name:

Are you able to perform the essential functions of the position applied for with or without reasonable accommodation?

 Yes  No

Drivers License # State Issued license

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| II. Experience |

*List names of employers in consecutive order with present employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, please give firm name and supply business references.*

Name of Employer Position

Address Tel. No. ( )

Dates Employed From To Supervisor’s Name

Type of Business Supervisor’s Phone Number ( )

Duties and Responsibilities

Starting Salary Ending Salary Number of Employees Supervised (If applicable)

Reason for Leaving

Are you presently employed?  Yes  No If yes, may we contact your present employer?  Yes  No



Name of Employer Position

Address Tel. No. ( )

Dates Employed From To Supervisor’s Name

Type of Business Supervisor’s Phone Number ( )

Duties and Responsibilities

Starting Salary Ending Salary Number of Employees Supervised (If applicable)

Reason for Leaving



Name of Employer Position

Address Tel. No. ( )

Dates Employed From To Supervisor’s Name

Type of Business Supervisor’s Phone Number ( )

Duties and Responsibilities

Starting Salary Ending Salary Number of Employees Supervised (If applicable)

Reason for Leaving



*For other periods not already covered above, state whether you were unemployed, self-employed, temporarily employed, or otherwise employed and provide the following information.*

**From To**

**Month Year Month Year Reason For Gap In Employment (Include Military Service)**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

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| III. EDUCATION AND TRAINING |

**Diploma Graduated**

**Level Name & Address of School Courses/Major or Degree Yes - No** (For No, indicate number

of years attended)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| High School or Equivalent |  |  |  |  |
| College/Univ. |  |  |  |  |
| Commercial or Technical |  |  |  |  |

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| --- |
| **SPECIAL SKILLS** |

What selling, special technical, or computer skills, and/or individual capabilities do you have which prepare you for the position you have applied for?

|  |
| --- |
| **AVAILABILITY** |

Please indicate time available Total hours per week:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon.** | **Tues.** | **Wed.** | **Thurs.** | **Fri.** | **Sat.** | **Sun.** |
| **From:** |  |  |  |  |  |  |  |
| **To:** |  |  |  |  |  |  |  |

Check type of employment desired: Full-time Part-Time Temporary