

## Employment Application Form

**Applicants May be Tested for Drugs**

Please print all information requested except signature

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_

How Long? \_\_\_\_\_ Social Security # \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alt. Number \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position Applied for \_\_\_\_\_ Desired Salary \$ \_\_\_\_\_ per \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired (check one)  Full time only  Part time only  Full or Part time

When are you available to begin? \_\_\_\_\_

Days/Hours available to work (list below) \_\_\_\_\_ No preference

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

<b>Box 2</b>	<b>Type of school</b>	<b>Name of School</b>	<b>Address</b>	<b>Number of years</b>	<b>Major or Degree</b>
	High School				
	College				
	Business or Trade				
	Professional				

**Box 3 Driver's License**

Do you have a driver's License? \_\_\_\_ Yes \_\_\_\_ No

DL.# \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you are applying for a delivery position, please answer the following questions:

Type of Driver's License \_\_\_ Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffer

Do you have insurance? \_\_\_\_\_ Please list company \_\_\_\_\_

Have you had any accidents in the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

**Box 4 References**

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**Box 5 Work Experience**

Please list your work experience for the past five employers beginning with the most recent job held. If you were self-employed, give firm name.

1) Name of employer:  Address:	Phone Numbers:	Employment Dates:	Your last Job Title:
	1. 2.	From: To:	
	Name of last Supervisor:	Pay or Salary: Start: Final:	Other Positions held:
Reason for leaving:			
List duties preformed, skills used or learned:			

2) Name of employer:  Address:	Phone Numbers:	Employment Dates:	Your last Job Title:
	1. 2.	From: To:	
	Name of last Supervisor:	Pay or Salary: Start: Final:	Other Positions held:
Reason for leaving:			
List duties preformed, skills used or learned:			

3) Name of employer:  Address:	Phone Numbers: 1. 2.	Employment Dates: From: To:	Your last Job Title:
	Name of last Supervisor:	Pay or Salary: Start: Final:	Other Positions held:
Reason for leaving:			
List duties preformed, skills used or learned:			

4) Name of employer:  Address:	Phone Numbers: 1. 2.	Employment Dates: From: To:	Your last Job Title:
	Name of last Supervisor:	Pay or Salary: Start: Final:	Other Positions held:
Reason for leaving:			
List duties preformed, skills used or learned:			

5) Name of employer:  Address:	Phone Numbers: 1. 2.	Employment Dates: From: To:	Your last Job Title:
	Name of last Supervisor:	Pay or Salary: Start: Final:	Other Positions held:
Reason for leaving:			
List duties performed, skills used or learned:			

May we contact your present employer?  Yes  No

Did you complete this application yourself?  Yes  No

If not, who helped? \_\_\_\_\_

**I hereby state that the information I have given is true and correct to the best of my knowledge.**

Signed \_\_\_\_\_ Date \_\_\_\_\_