

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer, discrimination against all individuals, including disabled veterans and veterans of the Vietnam Era regardless of race, sex, color, religion, national origin or citizenship status, or physical or mental disability is prohibited. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 18 years of age. If you believe you have been discriminated against, you may notify the Equal Employment Opportunity Commission or other appropriate federal or state agencies.

Personal Information						
Date	<u> </u>					
Name						
Name (last)	(first)				(middl	le)
Address		City _			_State	Zip
Telephone: Home ()			Telephone	e: Work	x <u>()</u>	
Cell Phone/Pager ()						
Work Preference						
Please indicate type of work desired:	Full Ti	ime	Part Ti	me	Temporary	Other
Position Desired:						
Preferred work location:						
Preferred work hours:						
Recruiting Source						
Agency Referred School Employee Referral	_	Adv	ertising Sou	rce	z-In □Wa	
Employee Referral	_	Adv	ertising Sou	rce		
Employee Referral	_	Adv	ertising Sou	rce		
Employee Referral Previous Employment	five years,	Adv	ng with you	ır most	recent position.	
Previous Employment List all previous experience within the last	five years,	Adv	ng with you	ır most	recent position.	
Previous Employment List all previous experience within the last to Company Name	five years,	Adv	ng with you	ır most	recent position.	Other
Previous Employment List all previous experience within the last to Company Name Position	five years,	Advo	ng with you	ur most	recent position. Phone Number	Other
Previous Employment List all previous experience within the last to Company Name Position Address City	five years,	Deginni	ng with you	rree	recent position. Phone Number e visor's Name	Other
Previous Employment List all previous experience within the last of Company Name Position Address City Employment Dates (mo. & yr.) From:	five years,	Deginni	ng with you	rree	recent position. Phone Number e visor's Name	Other

Company Name			
Position		Phone Number _	
Address	City	State	Zip
Employment Dates (mo. & yr.) From:	То:	Supervisor's Name	
Job Duties			
Reason for leaving			
Company Name			
Position		Phone Number	
Address	City	State	Zip
Employment Dates (mo. & yr.) From:	То:	Supervisor's Name	
Job Duties			
Reason for leaving			
Company Name			
Position	Ph	one Number	
Address	City	State	Zip
Employment Dates (mo. & yr.) From:	То:	Supervisor's Name	
Job Duties			
Reason for leaving			
Other Experience: Please do not identife people with disabilities, or individuals with	y non job-related organi th particular religious or	zations catering specifically to verthic backgrounds.	vomen, minorities,
List professional or trade organizations in		er:	

Education				
Name of High School, College, or Vocation	onal Sch	ool		
Attendance Dates From:	To:	Major		
Degree Received		Date Degree Received (mo. & yr.)		
Name of High School, College, or Vocation	onal Sch	001		
Attendance Dates From:	То:	Major		
Degree Received	<u>—</u>	Date Degree Received (mo. & yr.)		
Name of High School, College, or Vocation	onal Sch	001		
Attendance Dates From:	То:	Major		
Degree Received		Date Degree Received (mo. & yr.)		
Name of High School, College, or Vocation	onal Sch	001		
Attendance Dates From:	То:	Major		
Degree Received		Date Degree Received (mo. & yr.)		
Computer Skills				
Typing Words Per Minute		Data Entry Net Strokes Per Minute		
Computer Competencies (list familiar softw	vare and	hardware)		
Other				
Security and License Information				
Do you have a valid driver's license?	□Yes	□No		
If yes, what is your driver's license number	?	State		
Have you had any traffic violations (other than parking tickets) within the past 3 years? Yes No				
Violation Violation Date (mo. & yr.)				
Have you ever been convicted of a criminal offense? Yes No				
If yes, please explain				
Have you ever plead guilty or "no contest" (nolo contendere) to a felony charge? ☐Yes ☐No				
If yes, what sentence did you receive?				
(Having a criminal offense will not automa	tically di	squalify you from employment.)		

Special/Technical Training Branch of Service Occupational Specialization	Military Service	
Dates of Service (from)	(Do not include ROTC)	
Branch of Service	Branch of Service	Occupational Specialization
Dates of Service (from) (to) Grade/Rank at Discharge Special/Technical Training Please read the following: 1. All personally identifiable information will be held in confidence and properly safeguarded, and the use of suci information will be limited to valid business or legal requirements. 2. This company has a policy prohibiting the use of illegal drugs. A drug urinalysis test is required prior to employment. By signing this application, you indicate your awareness that in accordance with this policy, a positive test result may be sufficient to disqualify you for employment or, if employed, may result in your dismissal. 3. You must meet minimum age requirements of applicable laws. 4. This company may conduct investigation, including verification of prior employment history and education. Be signing this application, you authorize this company or its agents to make these investigations, and you indicate your awareness that false statements or failure to disclose information may be sufficient to disqualify you for employment or, if employed, may result in your dismissal. 5. If a job offer is made, you will be required by the Immigration Reform and Control Act of 1986 to verify your identity and eligibility to work in the United States. 6. This company addition to state and local regulation regarding clean air in the work place and reserves the right to restrict smoking in company-owned or -leased buildings. 7. This company is an at-will employer. Neither this document nor any other is intended to be a contract of employment. 8. In addition to this application, there are certain other documents that the company will require you to sign as a	Dates of Service (from)(to)	Grade/Rank at Discharge
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Please provide your signature and the date below to indicate that you agree to and understand all of the information contained in this application. Furthermore, your signature indicates that you understand that this application will remain active for 12 months from the date below. Following that date, a new application must be completed to assure consideration for a position.	 As a candidate, you agree to and understand the following: All personally identifiable information will be held in confidence and properly safeguarded, and the use of suc information will be limited to valid business or legal requirements. This company has a policy prohibiting the use of illegal drugs. A drug urinalysis test is required prior to employment. By signing this application, you indicate your awareness that in accordance with this policy, a positive test result may be sufficient to disqualify you for employment or, if employed, may result in your dismissal. You must meet minimum age requirements of applicable laws. This company may conduct investigation, including verification of prior employment history and education. Esigning this application, you authorize this company or its agents to make these investigations, and you indicat your awareness that false statements or failure to disclose information may be sufficient to disqualify you for employment or, if employed, may result in your dismissal. If a job offer is made, you will be required by the Immigration Reform and Control Act of 1986 to verify your identity and eligibility to work in the United States. This company adheres to state and local regulation regarding clean air in the work place and reserves the right to restrict smoking in company-owned or -leased buildings. This company is an at-will employer. Neither this document nor any other is intended to be a contract of employment. In addition to this application, there are certain other documents that the company will require you to sign as a condition of employment. Failure to sign may result in your dismissal. Please provide your signature and the date below to indicate that you agree to and understand all of the information contained in this application. Furthermore, your signature indicates that you understand that this application will remain a	

Date _____

Signature _____