

when honor counts

APPLICATION FOR EMPLOYMENT

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

Date: _____

Name: _____
Last First Middle Maiden

Address: _____
Number & Street City State Zip

How Long: _____ Telephone: _____ Cell Phone: _____

Position Applied For: _____ Days/Hours Available To Work

Salary Desired: _____ No Pref _____ Thur _____

How many hours can you work weekly?: _____ Mon _____ Fri _____

Are you willing to travel & stay overnight?: _____ Tue _____ Sat _____

Wed _____ Sun _____

Employment Desired: _____ Full Time _____ Part Time

Date Available to Start: _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR/DEGREE
High School				
College				
Business/Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?: _____ Yes _____ No

If yes, explain the 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.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? _____ Yes _____ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? _____ Yes _____ No

Specialty: _____ Date Entered: _____ Date Discharged: _____

Work Experience

Please list your work experience for the past five (5) years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer: _____	Name of Last Supervisor	Employment Dates
Address: _____		From
_____		To
Phone Number: _____	Last Job Title	Pay or Salary
Reason for Leaving: _____ (Be Specific)		Start
		Final

List the jobs you held, duties performed, skilled used or learned, advancements or promotions while you worked at this company.

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May we contact your present/previous employer(s)? _____ Yes _____ No

Applicant Signature: _____ Date: _____