

Please answer all questions. Resumes will not be accepted in place of this application. This application is designed to be used with several types of employment opportunities within our corporation. Some of the questions may not be completely applicable to the job that you are seeking; nonetheless, we ask that you answer all questions.

Last Name (Please Print)	First	Mi	ddle		Da	te
Present Address	City	Stat	e	Zip Cod	e Ph	one
Email address						
Registry Level	<del></del>					
Only US citizens or aliens or employment. Can you sub your identity if hired?					_	e US and □ no
What hours are you availa	ble to work?				(a.	m. or p.m.)
What date are you availab	le to start?					
Will you work overtime if	required?			□ yes	or	□ no
Have you been convicted (Such conviction may be re	•	•		•	or employme	□ no nt.)
What days are you availab	le to work?	Mon	Tue	Wed	Thur	Fri.
Please indicate which type	es of employme	nt interest you	. Check a	all that ap	oly.	
□ Permanent full time □ P	ermanent part t	time   Tempora	ary full ti	me until:_		
□ Temporary part time un	til:					
For some positions, it may Check the appropriate box cannot routinely engage in assured that a negative an	es below which n without doing	you feel reflect harm to yours	ct the ph elf or fel	ysical acti low emplo	vities in w	hich you
Lifting:	□ 25 lbs.	or □ 50	lbs			
Difficulties with:	□ Bending	□ Stooping	□ Clir	nbing		

## **Employment History**

Provide a complete description. This information will determine if your application will be accepted. Start with your most recent job. For part time work show the average number of hours per month. Indicate any changes in job title under the same employer as a separate position. You may also attach a separate sheet with additional information.

\*\* Please notify office if more employment history forms are required.

#### Employer #1

Employer	Тур	e of Business		Address	
Your title	Reas	son for Leaving			
Name of Supervisor					
Summarize the natu	ıre of work pe	rformed and jo	b responsibili	ties:	
Dates Employed:	From	To			
Starting Hourly Rate	e/ Salary \$	P	er		
Final Hourly Rate/Sa	alary \$	Per			
May we contact for	reference	□ yes	□ no	□ later	
Please identify any	exceptions or	reasons for not	contacting th	is employer	

### Employer #2

Employer	Турє	of Business		Addre	SS
Your title	Reas	on for Leaving	3		
Name of Supervisor					
Summarize the nature	of work per	formed and jo	ob responsibi	ities:	
Dates Employed:	From	To			
Starting Hourly Rate/S	Salary \$	F	Per		
Final Hourly Rate/Sala	γ\$	Per_		<del></del>	
May we contact for re	ference	□ yes	□ no	□ later	
Please identify any exc	eptions or r	easons for no	t contacting t	his employer	

### Employer #3

Employer	Туре	of Business		Addr	ess
Your title	Reaso	on for Leaving	<u> </u>		
Name of Supervisor					
Summarize the nature	of work per	formed and jo	b responsibi	lities:	
·					
Dates Employed:	rom	To			
Starting Hourly Rate/S	alary \$	F	er	<del></del>	
Final Hourly Rate/Salar	ry \$	Per_			
May we contact for ref	erence	□ yes	□ no	□ later	
Please identify any exc	eptions or re	easons for not	t contacting t	his employer	

Comments including explanation of any gaps in employment:					
Have you ever been dismissed or forced to	resign from an	y employment	?		
□ <b>yes</b>	or	□ no			
If yes, please explain:					
Are you employed?	□ yes	or	□ no		
Are you subject to recall?	□ yes	or	□ no		
May we contact your present employer?	□ yes	or	□ no		
Skills and Qualifications- Summarize any special training, skills, licenses, certificates, and/or characteristics of yourself that may qualify you as being able to perform job related functions for the position which you are applying.					

# **Educational History**

### **Secondary Education:**

Name of School	Years Attended	Completion (Y/N)		
Address	City	State	Zip Code	
Higher Education:				
Name of School	Years Attended	C	completion (Y/N)	
Address	City	State	Zip Code	
Major Field of Study	Emphasis	Minor		
Post-Colligate Education:				
Name of School	Years Attended	C	Completion (Y/N)	
Address	City	State	Zip Code	
Major Field of Study	Emphasis	Minor		
Vocational Studies:				
Name of School	Years Attended	C	Completion (Y/N)	
Address	City	State	Zip Code	
Certification Achieved				

## References

List the name and telephone number of three business/work references who are not listed on the employment history forms as previous supervisors. If not applicable, then list three school or personal references that are not related to you.

Reference #1		
Name	Telephone Number	Years Known
Email Address		
Reference #2		
Name	Telephone Number	Years Known
Email Address		
Reference #3		
Name	Telephone Number	Years Known
Email Address		
List any additional inform	nation that you would like us to consider.	
	eed upon that any misrepresentation by me ellation of this application and/or separation loyed.	• •
about me, if job-related.	ight to investigate all references and to secu I hereby release from liability the employer and all other persons, corporations of orga	and its representatives for
employment and no que	l Opportunity Employer. The employer does stion on this application is used for the purpation for employment on a basis prohibited l	ose of limiting or excusing
·	at for 6 months. At the conclusion of this times should be considered for employment, it will	
Signature of Applicant		Date / /