



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

	YES	NO		YES	NO
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO			
Have you ever worked for this company?	<input type="checkbox"/>	<input type="checkbox"/>	If so, when?	_____	
	YES	NO			
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain:	_____	

EMPLOYMENT INTEREST

Type of employment desired	What position or areas of interest are you seeking? _____	Will you relocate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will you travel? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> NO RESTRICTIONS
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER	Minimum salary requirement? _____	Geographic preference? _____	
	Date available for work? _____	Will you perform shift work? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

High School: _____	Address: _____	Degree _____
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	e: _____
College: _____	Address: _____	Degree _____
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	e: _____
Other: _____	Address: _____	Degree _____
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	e: _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

DOT/PRE-EMPLOYMENT

Do you have a driver's license at present? Yes No If Yes, provide the following information.

STATE	TYPE	DRIVER'S LICENSE NO.	EXPIRATION	MONTH OF BIRTH	DAY OF BIRTH
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Have you been involved in any motor vehicle accidents while driving in the last three years? Yes No

If yes, explain

List all prior convictions for driving while intoxicated, reckless driving or possession of non-prescription drugs.

Convictions

List all violations of motor vehicle laws or ordinances for which you were convicted in the last three years (excluding parking violations).

Have you ever had a license, permit, or privilege to operate a motor vehicle suspended, revoked or denied? Yes No

If yes, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____