



APPLICATION FOR EMPLOYMENT

LAST NAME		FIRST NAME		MIDDLE	
PHONE	SOCIAL SECURITY NO.	TODAY'S DATE		DATE AVAILABLE FOR WORK	
POSITION APPLIED FOR			SALARY DESIRED		
PRESENT ADDRESS		CITY	STATE	ZIP	
FORMER ADDRESS		CITY	STATE	ZIP	
FORMER ADDRESS		CITY	STATE	ZIP	
IN EMERGENCY, NOTIFY:		EMERGENCY PHONE			
ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EDUCATION RECORD

NAME OF SCHOOL	LOCATION	YEARS ATTENDED	DID YOU GRADUATE?	YEAR LEFT SCHOOL	MAJOR/MINOR	DEGREE RECEIVED
HIGH SCHOOL						
COLLEGE						
OTHER						
OTHER						

EMPLOYMENT RECORD

EMPLOYER	EMPLOYMENT DATES	SALARY	POSITION	ELIGIBLE FOR REHIRE?
NAME	FROM	STARTING	STARTING	YES
ADDRESS	TO	ENDING	ENDING	NO
SUPERVISOR	REASON FOR LEAVING			
NAME	FROM	STARTING	STARTING	YES
ADDRESS	TO	ENDING	ENDING	NO
SUPERVISOR	REASON FOR LEAVING			
NAME	FROM	STARTING	STARTING	YES
ADDRESS	TO	ENDING	ENDING	NO
SUPERVISOR	REASON FOR LEAVING			

REFERENCES

LIST AT LEAST 2 INDIVIDUALS (NOT RELATIVES) WHO HAVE KNOWLEDGE OF YOUR WORK ETHIC, EXPERIENCE, AND ABILITY:

NAME	ADDRESS	TELEPHONE	OCCUPATION

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, DISABILITY STATUS, OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE OR LOCAL LAW. PLEASE LET US KNOW IF YOU NEED ACCOMMODATIONS IN ORDER TO PARTICIPATE IN THE APPLICATION PROCESS.

PERSONAL DATA

WHO REFERRED YOU TO THIS COMPANY?

HAVE YOU BEEN CONVICTED OR PLED NO CONTEST TO ANY CRIMINAL OFFENSE?

IF YES, INDICATE NATURE OF OFFENSE, DATE, COURT & DISPOSITION. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB, WITH OR WITHOUT REASONABLE ACCOMMODATION?

U.S. MILITARY SERVICE

BRANCH OF SERVICE	DATE IN	DATE OUT	WHERE SERVED	SPECIALTY

EXPERIENCE

<input type="checkbox"/> STATISTICAL CLERK	MICROSOFT	PROFICIENCY (1-10) VERSION	OFFICE MACHINES (SPECIFY)
<input type="checkbox"/> RECEPTIONIST/SWITCHBOARD	<input type="checkbox"/> WORD _____	_____	<input type="checkbox"/> TYPIST _____ WPM
<input type="checkbox"/> LIBRARY	<input type="checkbox"/> EXCEL _____	_____	<input type="checkbox"/> ADDING MACHINES BY TOUCH? Y / N
<input type="checkbox"/> BOOKKEEPING	<input type="checkbox"/> POWERPOINT _____	_____	<input type="checkbox"/> MAILING MACHINE
<input type="checkbox"/> SUPERVISION	<input type="checkbox"/> ACCESS _____	_____	<input type="checkbox"/> PBX NUMBER OF STATIONS _____
COMPUTERS	<input type="checkbox"/> OUTLOOK _____	_____	<input type="checkbox"/> DICTATING EQUIPMENT
<input type="checkbox"/> WINDOWS 2000 <input type="checkbox"/> WINDOWS XP	<input type="checkbox"/> PUBLISHER _____	_____	
<input type="checkbox"/> MAC O/S VERSION _____	<input type="checkbox"/> PROJECT 2000 _____	_____	
<input type="checkbox"/> PROGRAMMING _____			

INDICATE ANY OTHER SKILLS RELATED TO THE POSITION YOU ARE SEEKING:

I CERTIFY THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, DISCOVERY THAT I GAVE FALSE INFORMATION DURING THE APPLICATION PROCESS MAY RESULT IN IMMEDIATE DISMISSAL.

I AUTHORIZE AND CONSENT TO MY CURRENT AND PRIOR EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND PERSONS OR ORGANIZATIONS NAMED IN THIS APPLICATION (OR ACCOMPANYING RESUMES) TO RELEASE ANY INFORMATION TO THE COMPANY THAT MAY BE REQUIRED TO MAKE AN EMPLOYMENT DECISION.

I UNDERSTAND THAT NO EMPLOYMENT WITH THE COMPANY IS GUARANTEED FOR ANY PERIOD OF TIME, AND THAT MY EMPLOYMENT MAY BE TERMINATED EITHER BY THE COMPANY OR MYSELF AT ANY TIME, WITH OR WITHOUT CAUSE.

IF MY EMPLOYMENT WITH THE COMPANY IS CONTINGENT UPON THE RESULTS OF A DRUG SCREEN ANALYSIS, I UNDERSTAND THAT THE RESULTS OF SUCH ANALYSIS MAY BE GROUNDS FOR DISQUALIFYING ME OR TERMINATION OF MY EMPLOYMENT.

SIGNATURE _____
APPLICANT

_____ DATE

FOR EMPLOYER USE ONLY