

# APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Type or print answers to ALL questions

								DATE		
<b>SOCIAL SECURITY NUMBER</b>								<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME (Last)			(First)			(MI)		SUFFIX (JR.)		
ADDRESS (Number and Street)										
CITY						STATE		ZIP CODE (Last 4 digits are optional)		
AREA CODE			HOME PHONE NUMBER			DAYS/HOURS AVAILABLE TO WORK				
POSITION APPLIED FOR										
DESIRED HOURLY RATE OF PAY			Drivers License		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you are 17 years old or younger, enter your age			
What kind of position are you applying for?			<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Either	HOW MANY HOURS CAN YOU WORK PER WEEK?				
EDUCATION: Have you graduated from High School or received a High School equivalency diploma?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, circle highest grade completed:			
1   2   3   4   5   6   7   8   9   10   11   12										
SCHOOL	NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?		
			FROM	TO						
HIGH SCHOOL										
TECHNICAL OR BUSINESS										
COLLEGE OR UNIVERSITY										
List additional skills, knowledge and abilities you possess:										

**INSTRUCTIONS**

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment**. List all positions (titles) separately; even if with the same employer. Clearly describe the work (duties) you personally performed. **You must fill out this application completely even if a resume is being attached.**

Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.)	(Yr.)	To: (Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$	Hours Per Week (Full-time)   (Part-time)
					Per	
No. and Titles of Employees Supervised by You				Reason for Leaving		
DUTIES (must be listed)						
Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.)	(Yr.)	To: (Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$	Hours Per Week (Full-time)   (Part-time)
					Per	
No. and Titles of Employees Supervised by You				Reason for Leaving		
DUTIES (must be listed)						
Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.)	(Yr.)	To: (Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$	Hours Per Week (Full-time)   (Part-time)
					Per	
No. and Titles of Employees Supervised by You				Reason for Leaving		
DUTIES (must be listed)						

**CERTIFICATION:** I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_