

APPLICATION FOR EMPLOYMENT

Name: _____ Social Security #: _____

Present Address: _____

Home Phone: _____ Alt. Phone: _____

Full Time Hours Available? _____ Date Applied? _____ Date Available for Work? _____
 Part Time

High School Diploma? _____ G.E.D.? _____ College Degree? _____ Are you at least 18 years old? Yes / No

Emergency Contact: Name: _____ Phone: _____

Physician to Contact in Case of Emergency: _____ Phone: _____

Physician's Address: _____

REFERENCES (Please list three persons not related to you and whom you have know at least one year.)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>

FORMER EMPLOYERS (Please list your last three employers, beginning with your present job.)

1) Employer: _____ Employed From: _____ To: _____

Address: _____ Phone: _____

Your Position: _____ List Main Duties: _____

Supervisor's Name: _____ Final Salary: _____

Reason for Leaving: _____

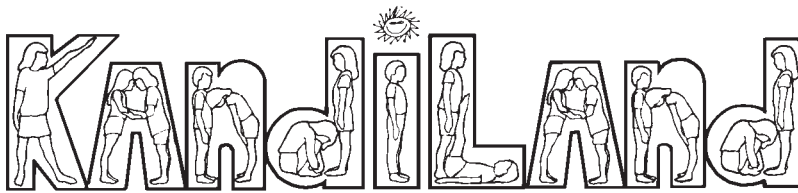
2) Employer: _____ Employed From: _____ To: _____

Address: _____ Phone: _____

Your Position: _____ List Main Duties: _____

Supervisor's Name: _____ Final Salary: _____

Reason for Leaving: _____



APPLICATION FOR EMPLOYMENT (Continued)

3) Employer: _____ Employed From: _____ To: _____
Address: _____ Phone: _____
Your Position: _____ List Main Duties: _____
Supervisor's Name: _____ Final Salary: _____
Reason for Leaving: _____

Have you been convicted of a felony and/or misdemeanor? Yes / No

If yes, explain: _____

Are you currently pending trial, judgement of deferred adjudication for any offenses? Yes / No

If yes, explain: _____

Do you have a valid drivers license? Yes / No State _____ Type _____ DL Number: _____

Do you have any special skills, training or education which would aid in you qualifying for this position? _____

Applicant Signature: _____ Date: _____

Do Not Write Below This Line

Interviewed By: _____ Date: _____

Comments: _____

Date Hired: _____ Starting Date: _____