

# APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Confidential

## Personal Information

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip Code Phone Number \_\_\_\_\_

Permanent Address (if Different than Present Address) \_\_\_\_\_  
Street City State Zip Code Phone Number \_\_\_\_\_

If you cannot be reached at above phone number, where may we contact you? Name of Person \_\_\_\_\_ Phone \_\_\_\_\_

## Employment Desired

| Type of Work Desired | Shift | Salary |
|----------------------|-------|--------|
| First Choice         |       |        |
| Second Choice        |       |        |
| Third Choice         |       |        |

Will You Accept Employment of:  Full Time?  Part Time?  Temporary?

Are You 18 Yrs. of Age or Older?  Yes  No

Are You Employed Now?  Yes  No

May We Contact Your Present Employer?  Yes  No

How Did You Learn Of This Opening? \_\_\_\_\_

## Education

Circle Highest Grade Completed      8   9   10   11   12  
 13   14   15   16

Scholastic Honors Received \_\_\_\_\_

|                              | Name of School | Location (City, State) | Courses Taken | Completed   | Type of Degree or Certificate Received |
|------------------------------|----------------|------------------------|---------------|---|--|
| Grammar or Grade School      |                |                        |               | <input type="checkbox"/> No<br><input type="checkbox"/> Yes             |  |
| High School                  |                |                        |               | <input type="checkbox"/> No<br><input type="checkbox"/> Yes             |  |
| College                      |                |                        |               | <input type="checkbox"/> No<br><input type="checkbox"/> Yes; _____ Date |  |
| Vocational or Business       |                |                        |               | <input type="checkbox"/> No<br><input type="checkbox"/> Yes; _____ Date |  |
| Professional Education       |                |                        |               | <input type="checkbox"/> No<br><input type="checkbox"/> Yes; _____ Date |  |
| Laboratory or X-Ray Training |                |                        |               | <input type="checkbox"/> No<br><input type="checkbox"/> Yes; _____ Date |  |

Extracurricular Activities While in School \_\_\_\_\_

Member of Professional Organizations \_\_\_\_\_

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: \_\_\_\_\_

Were you in the U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

## Professional Licenses and/or Certifications

| Type | Organization or State Issued | Date Issued | Number | Verif. |
|------|------------------------------|-------------|--------|--------|
| Type | Organization or State Issued | Date Issued | Number |        |
| Type | Organization or State Issued | Date Issued | Number |        |

**Employment Record** (list last or present position first)

| Present and Former Employers  | Dates Employed         | Salary Range                   | Position & Duties       |
|---|------------------------|--------------------------------|-------------------------|
| Name _____<br>Address _____<br>City/State/Zip _____<br>Supervisor _____ Phone _____ | From _____<br>To _____ | Starting _____<br>Ending _____ | _____<br>_____<br>_____ |
| Name _____<br>Address _____<br>City/State/Zip _____<br>Supervisor _____ Phone _____ | From _____<br>To _____ | Starting _____<br>Ending _____ | _____<br>_____<br>_____ |
| Name _____<br>Address _____<br>City/State/Zip _____<br>Supervisor _____ Phone _____ | From _____<br>To _____ | Starting _____<br>Ending _____ | _____<br>_____<br>_____ |
| Name _____<br>Address _____<br>City/State/Zip _____<br>Supervisor _____ Phone _____ | From _____<br>To _____ | Starting _____<br>Ending _____ | _____<br>_____<br>_____ |
| Name _____<br>Address _____<br>City/State/Zip _____<br>Supervisor _____ Phone _____ | From _____<br>To _____ | Starting _____<br>Ending _____ | _____<br>_____<br>_____ |
| Name _____<br>Address _____<br>City/State/Zip _____<br>Supervisor _____ Phone _____ | From _____<br>To _____ | Starting _____<br>Ending _____ | _____<br>_____<br>_____ |

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If Yes, for what, when and where? \_\_\_\_\_

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Do Not Answer Questions In This Area - To Be Completed After Employed**

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_ Number and Ages of Children \_\_\_\_\_

Notify In Case of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

What Language(s) (Other than English) Do You Speak? \_\_\_\_\_



**This Page For Institution and Interviewers' Use Only**

| <b>Interviewers Comments</b> |             |                 |
|------------------------------|-------------|-----------------|
| <b>Interviewer</b>           | <b>Date</b> | <b>Comments</b> |
|                              |             |                 |
|                              |             |                 |
|                              |             |                 |

| <b>Reference and Prior Employment Check</b> |                     |                         |
|---|---------------------|-------------------------|
| <b>Individual Contacted</b>                 | <b>Name of Firm</b> | <b>Results of Check</b> |
|   |                     |                         |
|   |                     |                         |
|   |                     |                         |

| <b>For Personnel Office Use</b> |                           |                     |
|---------------------------------|---------------------------|---------------------|
| Hired _____                     | For what department _____ | Position _____      |
| Salary _____ per                | Year<br>Month<br>Hour     | Starting Date _____ |