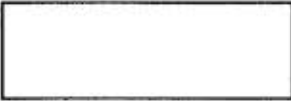




PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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APPLICATION FOR EMPLOYMENT

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____



Affirmative Action Survey

Qualified applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability

As an employer, we comply with government regulations and affirmative action responsibilities.

Government agencies require periodic reports on the sex, ethnicity, disability, marital and veteran status of applicants.

This data is for analysis, affirmative action and periodic government reporting only and will be kept in a *Confidential File* separate from the Application for Employment.

The following information is requested on a **voluntary** basis. Refusal to provide this information **will not** subject an applicant or employee to any adverse treatment.

Name: _____

Today's Date: _____

Check One: Female Male

Check one of the following (race/ethnic group):

- White Black or African American
- Hispanic or Latino American Indian or Alaskan Native
- Asian Native Hawaiian or Other Pacific Islander
- Two or More Races

Check One:

- Married
- Single
- Divorced
- Widow(er)

Check if any of the following apply:

- Vietnam Era Veteran Disabled Veteran
- Individual with a Disability

How did you learn of this position? Check on of the following:

- Walk-in Job Service
- Telephone ICON Employee
- Internet Ad
- Friend Other _____
- Television

An Equal Opportunity Employer