



APPLICATION FOR EMPLOYMENT: Please complete all pages and print all information requested.

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Date \_\_\_\_\_

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

Present Address: \_\_\_\_\_  
Number Street City State ZIP

How long at this address? \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

If under 18, please state your age: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

& Salary Desired: \_\_\_\_\_  
*Please be specific.*

Days/Hours Available to Work:  
 No Preference \_\_\_\_\_  
 Monday \_\_\_\_\_  
 Tuesday \_\_\_\_\_  
 Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_  
 Saturday \_\_\_\_\_  
 Sunday \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment Desired:  Full Time Only  Part Time Only  Full or Part Time

When are you available for work? \_\_\_\_\_

Type of School	Name of School	Location Complete Mailing Address	Number of Years Completed	Major & Degree
High School				
College				
Business/Trade School				
Professional School				



APPLICATION FOR EMPLOYMENT

Do you have a valid driver license?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of License:  Operator  Commercial (CDL)  Chauffer

Have you had any accidents during the past 3 years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the past 3 years? \_\_\_\_\_ How many? \_\_\_\_\_

OFFICE USE ONLY

Typing:  Yes  No WPM \_\_\_\_\_ 10-Key:  Yes  No Word Processing:  Yes  No WPM \_\_\_\_\_  
Personal Computer  Yes  PC  No  MAC Other Skills: \_\_\_\_\_

Please list two references other than relatives or previous employers:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Position: \_\_\_\_\_  
Company: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your fill qualifications for the specific position for which you are applying.

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



APPLICATION FOR EMPLOYMENT

		MILITARY	
Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

Employer Name		Name of Last Supervisor	Employment Dates	Pay or Salary
Employer Address			From	Start
			To	Final
Employer Phone		Last Job Title:		
Reason for Leaving (please be specific):				
Please list the jobs you held, duties performed, skills used or learned, and advancements or promotions achieved during your employment with this company.				

Employer Name		Name of Last Supervisor	Employment Dates	Pay or Salary
Employer Address			From	Start
			To	Final
Employer Phone		Last Job Title:		
Reason for Leaving (please be specific):				
Please list the jobs you held, duties performed, skills used or learned, and advancements or promotions achieved during your employment with this company.				

May we contact your present employer?  Yes  No

Did you complete this application yourself?  Yes  No

If not, who completed the application on your behalf? \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE (CONTINUED)

Employer Name		Name of Last Supervisor	Employment Dates	Pay or Salary
Employer Address			From	Start
			To	Final
Employer Phone		Last Job Title:		
Reason for Leaving (please be specific):				
Please list the jobs you held, duties performed, skills used or learned, and advancements or promotions achieved during your employment with this company.				

Employer Name		Name of Last Supervisor	Employment Dates	Pay or Salary
Employer Address			From	Start
			To	Final
Employer Phone		Last Job Title:		
Reason for Leaving (please be specific):				
Please list the jobs you held, duties performed, skills used or learned, and advancements or promotions achieved during your employment with this company.				

Employer Name		Name of Last Supervisor	Employment Dates	Pay or Salary
Employer Address			From	Start
			To	Final
Employer Phone		Last Job Title:		
Reason for Leaving (please be specific):				
Please list the jobs you held, duties performed, skills used or learned, and advancements or promotions achieved during your employment with this company.				

I hereby certify that the above information is true and correct.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



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 application.

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: \_\_\_\_\_ Date: \_\_\_\_\_

Check One:  Female  Male

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

- |   |  |
|---|--|
| <input type="checkbox"/> White              | <input type="checkbox"/> Black or African American                 |
| <input type="checkbox"/> Hispanic Or Latino | <input type="checkbox"/> American Indian or Alaskan Native         |
| <input type="checkbox"/> Asian              | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Two or More Races  |  |

Check One:  Married  
 Single  
 Divorced  
 Widow(er)

Check if any of the following apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Vietnam Era Veteran          | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Individual with a Disability |   |

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

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Walk-In    | <input type="checkbox"/> Job Service   |
| <input type="checkbox"/> Telephone  | <input type="checkbox"/> ICON Employee |
| <input type="checkbox"/> Internet   | <input type="checkbox"/> Ad            |
| <input type="checkbox"/> Friend     | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Television |  |

***An Equal Opportunity Employer***