SAMPLE JOB APPLICATION

*PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

|  |
| --- |
| Name and Address |
| Name (First, MI, Last) Click here to enter text. | Social Security Number Click here to enter text. |
| Mailing AddressClick here to enter text. |
| City, State, and Zip CodeClick here to enter text. |
| Telephone Click here to enter text. | Alternate Phone Click here to enter text. |
| If under 18, please list age Choose an item. | Email Click here to enter text. |
| Job Type |
| Days/hours available to work. |
| [ ]  No Preference | [ ]  Monday | [ ]  Tuesday | [ ]  Wednesday | [ ]  Thursday | [ ]  Friday | [ ]  Saturday | [ ]  Sunday |
| I am seeking a: | [ ]  Full Time Job | [ ]  Part Time Job | [ ]  Full or Part Time Job |
| How many hours can you work weekly? Input Hours. | Can you work nights?[ ]  Yes [ ]  No | Date available to beginClick here to enter text. |
| Additional Information |
| Have you ever been employed by this organization in the past? | [ ]  Yes | [ ]  No |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. | [ ]  Yes | [ ]  No |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? | [ ]  Yes | [ ]  No |
| If Yes, please explain:Click here to enter text. |
| Do you have a driver’s license? [ ]  Yes [ ]  No | Driver’s license numberClick here to enter text. | Issued in what state?Click here to enter text. |
| Have you had any accidents during the past three years? [ ]  Yes [ ]  No | How many? Click here to enter text. |
| Have you had any moving violations during the past three years? [ ]  Yes [ ]  No | How many?Click here to enter text. |
| Education |
| School | Location (mailing Address) | Years Completed | Major | Degree or Diploma |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Military |
| Have you ever been in the Armed Forces? | [ ]  Yes | [ ]  No | Date EnteredClick here to enter text. |
| Are you now a member of the National Guard? | [ ]  Yes | [ ]  No | Discharge DateClick here to enter text. |
| Specialty Click here to enter text. |
| Work Experience |
| *Please list ALL work experience beginning with your most recent job held. Attache additional sheets if necessary.* |
| Company Click here to enter text. | Name of last supervisorClick here to enter text. | Hrs/weekClick here to enter text. |
| Address Click here to enter text. | Start Date Click here to enter text. | Starting SalaryClick here to enter text. |
| City, State, and Zip Code Click here to enter text. | End DateClick here to enter text. | Final SalaryClick here to enter text. |
| Phone Number Click here to enter text. | Your last job titleClick here to enter text. |
| Reason for leaving (be specific) Click here to enter text. |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Click here to enter text. |
| May we contact this employer? [ ]  Yes [ ]  No |
|  |
| Company Click here to enter text. | Name of last supervisorClick here to enter text. | Hrs/weekClick here to enter text. |
| Address Click here to enter text. | Start DateClick here to enter text. | Starting SalaryClick here to enter text. |
| City, State, and Zip Code Click here to enter text. | End DateClick here to enter text. | Final SalaryClick here to enter text. |
| Phone Number Click here to enter text. | Your last job title Click here to enter text. |
| Reason for leaving (be specific) Click here to enter text. |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Click here to enter text. |
| May we contact this employer? [ ]  Yes [ ]  No |

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| References |
| *Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.* |
| 1. Click here to enter text.
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| 1. Click here to enter text.
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| 1. Click here to enter text.
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| *I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.* |
| Signature Click here to enter text. | Date Click here to enter text. |