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 begin  Click 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 number  Click 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 Entered  Click here to enter text. | | |
| Are you now a member of the National Guard? | | | | | | | Yes | | No | | Discharge Date  Click 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 supervisor  Click here to enter text. | | | | | | Hrs/week  Click here to enter text. |
| Address Click here to enter text. | | | | | | | Start Date  Click here to enter text. | | | | Starting Salary  Click here to enter text. | | |
| City, State, and Zip Code Click here to enter text. | | | | | | | End Date  Click here to enter text. | | | | Final Salary  Click 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 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Company Click here to enter text. | | | | | | | Name of last supervisor  Click here to enter text. | | | | | | Hrs/week  Click here to enter text. |
| Address Click here to enter text. | | | | | | | Start Date  Click here to enter text. | | | | Starting Salary  Click here to enter text. | | |
| City, State, and Zip Code Click here to enter text. | | | | | | | End Date  Click here to enter text. | | | | Final Salary  Click 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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| *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. |