



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

Position Applied for: \_\_\_\_\_

# Employment Application

Full legal name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_  
City State Zip

Social Security No.: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Availability (Within boxes, indicate times available)

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

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

## Education

Highest school grade completed:  9  10  11  12

Do you have high school equivalency?  yes  no

Number of years post high school:  1  2  3  0

|                              |                 |                 |                |
|------------------------------|-----------------|-----------------|----------------|
| Name and location of school: | Degree received | Major/specialty | Dates attended |
| _____                        | _____           | _____           | _____          |
| _____                        | _____           | _____           | _____          |

If you plan to complete an educational program in the future, then indicate the degree or program to be completed and when.  
\_\_\_\_\_

## Employment Application {PAGE 2}

### Work Experience

Start with the most recent work experience. Describe all traditional, military and voluntary work experience. Describe your knowledge, skills and abilities that demonstrate your qualifications for the position for which you are applying.

Employer \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor \_\_\_\_\_

May we contact your supervisor?     yes     no

Final salary \$ \_\_\_\_\_     per hour     bi-weekly     per month

Employed: from \_\_\_\_\_ to \_\_\_\_\_ Hours per week \_\_\_\_\_

**Job Duties:**

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**Reason for leaving:**

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Employer \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor \_\_\_\_\_

May we contact your supervisor?     yes     no

Final salary \$ \_\_\_\_\_     per hour     bi-weekly     per month

Employed: from \_\_\_\_\_ to \_\_\_\_\_ Hours per week \_\_\_\_\_

**Job Duties:**

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**Reason for leaving:**

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# Employment Application {PAGE 3}

## References

Please list two people other than relatives or previous employers

|                     |                     |
|---------------------|---------------------|
| Name _____          | Name _____          |
| Address _____       | Address _____       |
| City, ST, Zip _____ | City, ST, Zip _____ |
| Phone _____         | Phone _____         |
| Relationship _____  | Relationship _____  |

## Emergency Information

Please list two people we can contact on your behalf in case of emergency (preferably your mom and dad)

|                    |                    |
|--------------------|--------------------|
| Name _____         | Name _____         |
| Cell Phone _____   | Cell Phone _____   |
| Work Phone _____   | Work Phone _____   |
| Relationship _____ | Relationship _____ |

Do you have any medical conditions or allergies? if yes, please explain. \_\_\_\_\_

Insurance Coverage with \_\_\_\_\_ Policy no. \_\_\_\_\_ Phone \_\_\_\_\_

## Other Information

Please list other information which makes you qualified for the position you are applying for

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