

## Employment Application

| APPLICANT INFORMATION                                                                                                                                                                                          |    |                     |                                                          |                  |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------|----------------------------------------------------------|------------------|------|
| Last Name                                                                                                                                                                                                      |    | First               |                                                          | M.I.             | Date |
| Street Address                                                                                                                                                                                                 |    |                     |                                                          | Apartment/Unit # |      |
| City                                                                                                                                                                                                           |    | State               |                                                          | ZIP              |      |
| County                                                                                                                                                                                                         |    | Cell #              |                                                          |                  |      |
| Home #                                                                                                                                                                                                         |    | Date of Birth       |                                                          | City of Birth    |      |
| E-mail Address                                                                                                                                                                                                 |    | Social Security No. |                                                          | Desired Salary   |      |
| Do you have a valid drivers license    YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                |    |                     |                                                          |                  |      |
| Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/> |    |                     |                                                          |                  |      |
| Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain                                                                                          |    |                     |                                                          |                  |      |
| EDUCATION                                                                                                                                                                                                      |    |                     |                                                          |                  |      |
| High School                                                                                                                                                                                                    |    |                     | Address                                                  |                  |      |
| From                                                                                                                                                                                                           | To | Did you graduate?   | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree           |      |
| College                                                                                                                                                                                                        |    |                     | Address                                                  |                  |      |
| From                                                                                                                                                                                                           | To | Did you graduate?   | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree           |      |
| Other                                                                                                                                                                                                          |    |                     | Address                                                  |                  |      |
| From                                                                                                                                                                                                           | To | Did you graduate?   | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree           |      |
| REFERENCES                                                                                                                                                                                                     |    |                     |                                                          |                  |      |
| <i>Please list three professional references.</i>                                                                                                                                                              |    |                     |                                                          |                  |      |
| Full Name                                                                                                                                                                                                      |    |                     | Relationship                                             |                  |      |
| Company                                                                                                                                                                                                        |    |                     | Phone (    )                                             |                  |      |
| Address                                                                                                                                                                                                        |    |                     |                                                          |                  |      |
| Full Name                                                                                                                                                                                                      |    |                     | Relationship                                             |                  |      |
| Company                                                                                                                                                                                                        |    |                     | Phone (    )                                             |                  |      |
| Address                                                                                                                                                                                                        |    |                     |                                                          |                  |      |
| Full Name                                                                                                                                                                                                      |    |                     | Relationship                                             |                  |      |
| Company                                                                                                                                                                                                        |    |                     | Phone (    )                                             |                  |      |
| Address                                                                                                                                                                                                        |    |                     |                                                          |                  |      |

| PREVIOUS EMPLOYMENT                                                                                                  |                 |                    |                  |
|----------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------------|
| Company                                                                                                              |                 | Phone (     )      |                  |
| Address                                                                                                              |                 | Supervisor         |                  |
| Job Title                                                                                                            | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                     |                 |                    |                  |
| From                                                                                                                 | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company                                                                                                              |                 | Phone (     )      |                  |
| Address                                                                                                              |                 | Supervisor         |                  |
| Job Title                                                                                                            | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                     |                 |                    |                  |
| From                                                                                                                 | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company                                                                                                              |                 | Phone (     )      |                  |
| Address                                                                                                              |                 | Supervisor         |                  |
| Job Title                                                                                                            | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                     |                 |                    |                  |
| From                                                                                                                 | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| MILITARY SERVICE                 |                          |
|----------------------------------|--------------------------|
| Branch                           | From                  To |
| Rank at Discharge                | Type of Discharge        |
| If other than honorable, explain |                          |

| DISCLAIMER AND SIGNATURE                                                                                                                            |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------|
| I certify that my answers are true and complete to the best of my knowledge.                                                                        |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature                                                                                                                                           | Date |