

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

Job Application

Position Applying For	Salary Desired

Personal Information				
Last Name	First Name	M.I.	SSN	Birth Date
Address			Email Address	
City	State	ZIP	Phone	

Are you able to perform the responsibilities of the position with reasonable accommodations? No Yes
 Can you provide proof of eligibility to work in the United States? No Yes
 If you are under age 18, do you have an employment/age certificate? No Yes
 Have you been convicted of or pleaded no contest to a felony within the last five years? No Yes

If yes, please explain:

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Do you have a valid driver's license? No Yes
 Do you have a legal and functional vehicle? No Yes

License Number	State	Class	Expiration

Have you had any accidents in the past three years? No Yes How many? _____
 Have you had any moving violations in that time? No Yes How many? _____
 Have you ever applied for a job with before? No Yes

Date	Location	Position

Have you ever worked for before? No Yes

From	To	Location	Position

Availability

Please list the hours you are available to work

	Morning	Midday	Afternoon	Evening
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Are you available to work holidays?

No Yes

Are you available to work nights?

No Yes

Type of work desired:

Full-time Part-time Temporary Seasonal

If hired, on what date would you be available to begin work?	
How many hours per week are you available to work?	

Education

High School	Name	Major/Minor	Graduation Date
	City and State	Number of Units	Honors/Recognitions
College/ University	Name	Major/Minor	Graduation Date
	City and State	Number of Units	Honors/Recognitions
Graduate School	Name	Major/Minor	Graduation Date
	City and State	Number of Units	Honors/Recognitions
Technical/ Trade School	Name	Major/Minor	Graduation Date
	City and State	Number of Units	Honors/Recognitions

Skills

Office Use Only

OS	Windows <input type="checkbox"/> Mac <input type="checkbox"/> Linux <input type="checkbox"/>	Versions: _____
Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	WPM: _____
Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	WPM: _____
Ten-Key	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Skills	_____	

Work Experience

Military

Have you ever served in the armed forces? Yes No

Branch	Specialty	Enlisted	Discharged

Are you currently a member of a National Guard or State Defense Force unit? Yes No

Work History

Please list your work experience for the past five years beginning with your most recent job held. You should account for time unemployed, and include any full-time volunteer work done. If you were self-employed, give firm name. Attach additional sheets if necessary.

May we contact your current or last employer? Yes No

Current/Last Employer

Employer Name	From	To	Job Title

Address	Phone Number

List your primary responsibilities, skills, and accomplishments with this job

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Reason For Leaving (Be specific)	
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Previous Employer			
Employer Name	From	To	Job Title
Address			Phone Number
List your primary responsibilities, skills, and accomplishments with this job			
Reason For Leaving (Be specific)			

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Employer Name	From	To	Job Title
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Reason For Leaving (Be specific)			

I hereby attest that all of the information I have provided is true and correct to the best of my knowledge. I am aware that missing, misleading, or false information is grounds not to hire me, or for my termination after hiring.

Applicant Signature	Date