

		Field of Study				
	5	Area(s) of Specialized Training:	6	Vocational or Technical School Attended:		
	7	Honors Received:	8	Machinery/Equipment Proficiency:		
	9	Certification:	10	Shorthand: Yes <input type="checkbox"/> No <input type="checkbox"/> WPM:	11	Typing/keyboard: Yes <input type="checkbox"/> No <input type="checkbox"/> WPM:

D	Previous Employment: Start with your current or last job and list all employment experiences for last ten years. If additional space is needed, use an extra sheet of paper.							
	1	Employer:		Duties:		Dates Employed: From: To:		
		Address:						
		Job Title:		Supervisor:		Hourly Rate: Starting: Final:		
		Reason for leaving or wanting to leave:						
	2	Employer:		Duties:		Dates Employed: From: To:		
		Address:						
		Job Title:		Supervisor:		Hourly Rate: Starting: Final:		
		Reason for leaving or wanting to leave:						
	3	Employer:		Duties:		Dates Employed: From: To:		
		Address:						
		Job Title:		Supervisor:		Hourly Rate: Starting: Final:		
		Reason for leaving or wanting to leave:						
	4	Employer:		Duties:		Dates Employed: From: To:		
		Address:						
Job Title:		Supervisor:		Hourly Rate: Starting: Final:				
Reason for leaving or wanting to leave:								
5	May we call your current employer now? If not, when may we call? Yes <input type="checkbox"/> No <input type="checkbox"/> Phone: ()							
E	1 If a License or Certificate is needed to perform the work in the position sought, please complete the following:							
Special	Driver's License Number:		State	Name of Trade or Profession	License Number:			
	Current Status of Driver's License:			Current Status of Trade/Professional's License:				
	2 List any skills and abilities that you possess that will be helpful in doing the job applied for:							

F	1	Give the name of three references, do not include relatives or previous employers:			
		Name:	Relationship:	Address:	Phone Number:
					()
					()
G	1	List offices held in schools, civic clubs, or business/professional organizations. You may omit those that indicate sex, race, religion, ethnicity or national origin:			
H	2	Current hobbies, interests or favorite recreation:			
I	1	Branch of U.S. Military Service: From: _____ To: _____	2	Highest Rank Achieved:	
	3	Military Occupation Specialty and/or Major Duties:			
	4	Additional Comments:			

PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

I	1	I Certify That The Answers Given Herein Are True And Complete To The Best Of My Knowledge.
	2	I Authorize Investigation Of All Statements Contained In This Employment Application And Additional Job-Related Background Investigation As May Be Necessary In Arriving At An Employment Decision.
	3	In The Event Of Employment, I Understand That False Or Misleading Information Given In My Application Or Interview(S) May Result In Discharge. I Understand, Also, That I Am Required To Abide By All Rules And Regulations Of The Employer.
	4	I Understand That Neither This Document Nor Any Verbal Promises Made By The Employer Or Representative Employee May Be Construed As An Employment Contract.
	5	I Understand And Acknowledge That, Unless Otherwise Defined By Law, Policies And Procedures, Or Rules And Regulations, Any Employment Relationship With This Organization Is Of An "At-Will" Nature, Which Means That Either The Employee Or Employer May Terminate The Employment Relationship At Any Time, With Or Without Cause Or Advance Notice.
	6	In The Event Of Employment, I Understand That I Will Be Required To Successfully Complete A Drug And Alcohol Test At Initial Employment, And That I Will Be Subject To Drug And Alcohol Testing During My Employment With The Organization.
	7	I Understand That This Application Is The Property Of The Employer, And Will Be Considered Active For Six Months From The Date Signed. I Understand That This Application Must Be Signed And Dated Before I Will Receive Employment Considerations.

	8	Signature (Please sign – do not type or print)	9	Date:
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NOTE: A resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed Employment Application.

FOR PERSONNEL DEPARTMENT USE ONLY			
Position applied for is OPEN: Yes <input type="checkbox"/> No <input type="checkbox"/>		Position(s) considered for:	
Application reviewed by:			Date:
Remarks:			
Arrange Interview: Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Date:	Time:
Interviewed by (list Participants')			
Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Employment:	
Position Title:		Department	Starting Salary:

