

Employment Application

An Equal Opportunity Employer

Name: SS Number:
 Address:
 City: State: Zip:
 Home Phone: Cell Phone:
 Positions Applied for: Positions Applied for:
 Positions Applied for: Salary Desired:

When available to begin work? Full-Time part-time Full or part-time

Hours Available to Work:

Mon	<input type="text"/>	Thurs	<input type="text"/>
Tues	<input type="text"/>	Fri	<input type="text"/>
Wed	<input type="text"/>	Sat	<input type="text"/>

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College Bus. or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a crime: yes no
 If yes, please explain

Do you have a drivers license? yes no

State of issue:

Have you had any accidents in the past 3 years? yes no How many?

Do you have any moving violations in the past 3 years? yes no How many?

Skills:
 Typing:

Computer: PC Mac Both

Applications (list all that apply):

Do you hold a Professional (Physician, Technical, etc) License yes no

Number of years in secretarial field (if applicable) Word Perfect yes no

Experience: yes no

Experience taking minutes: yes no

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:
Name of last supervisor:

Dates of employment:
From: To:

Salary:
From: To:

Complete Address:
Phone #:
Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Please list at least 3 references other than relatives and previous employers

Name	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>

Name	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

I hereby certify that all the statements made on this form are true to the best of my knowledge. I fully realize that should an investigation disclose any misrepresentation, I will be subject to immediate dismissal.

Signature _____ Date:

FOR EEOC REPORTS

Race: National Origin: Citizenship: Status:
Date of Birth: Religion: Sex: Male Female