

# APPLICATION FOR EMPLOYMENT

Please fill in both sides of application

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or handicap.

PERSONAL	Last Name		First	Middle	Date
	Street Address				Home Phone
	City, State, Zip				Alternate Phone
	Position Desired		How did you hear about our agency?		
	Have you ever been interviewed for employment with us? Yes                      No    If Yes: Month _____ Year _____		Position:		Pay Expected
	Apart from absence for religious observances, are you available for full-time work? Yes                      No    If not, what hours can you work?				Will you work overtime if asked? Yes                      No
	Are you legally eligible for employment in the United States? Yes                      No				When will you be available to begin work?

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA	
	College				Yes		
					No		
	High				Yes		
					No		
	Elementary				Yes		
					No		
	Please list other special training or skills that you believe qualify you for the position.						

<b>MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS</b> <i>(Exclude those which may disclose your race, color, religion, or national origin.)</i>

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?      Yes                      No    If Yes, describe in full.

State names of relatives and friends working for us other than your spouse.

Besides the local newspaper, where have you looked for job openings?

# EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record.  
Start with present or most recent employer.

<b>1</b>	Company Name		Phone Number
	Address		Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Your Name While Employed	Weekly Pay Start _____ Last _____
	State Job Title, and Describe Your Work		Reason for Leaving

<b>2</b>	Company Name		Phone Number
	Address		Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Your Name While Employed	Weekly Pay Start _____ Last _____
	State Job Title, and Describe Your Work		Reason for Leaving

<b>3</b>	Company Name		Phone Number
	Address		Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Your Name While Employed	Weekly Pay Start _____ Last _____
	State Job Title, and Describe Your Work		Reason for Leaving

<b>4</b>	Company Name		Phone Number
	Address		Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Your Name While Employed	Weekly Pay Start _____ Last _____
	State Job Title, and Describe Your Work		Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>	
	Employer Number(s):	Reason:

<b>R E F E R E N C E</b>	List 3 References other than family members or former employers.		
	Name	Name	Name
	Address	Address	Address
	Phone #	Phone #	Phone #