



Date: _____

Application for Employment

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

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

| Name _____ | | | | |
|---|----------------|------------------------------|-----------------|-----------------|
| Last | First | Middle | | |
| Present Address _____ | | | | |
| Number | Street | City | State | Zip |
| How Long _____ | | | | |
| Telephone _____ | | | | |
| If Under 18, please list age _____ | | | | |
| Position Applied for _____ | | Days/Hours available to work | | |
| Salary Desired _____ | | No Pref _____ | Thur _____ | |
| (Be Specific) _____ | | Mon _____ | Fri _____ | |
| | | Tue _____ | Sat _____ | |
| | | Wed _____ | Sun _____ | |
| How many hours can you work weekly? _____ | | Can you work nights? _____ | | |
| Employment Desired | | Full Time _____ | Part Time _____ | Either _____ |
| When are you available to start work? _____ | | | | |
| Type of School | Name of School | Location | Years Completed | Major or Degree |
| High School | | | | |
| College | | | | |
| Bus. Or Trade School | | | | |
| Professional School | | | | |
| <p>HAVE YOU EVER BEEN CONVICTED OF A CRIME _____ No _____ Yes</p> <p>If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/where committed, sentenc(s) imposed, and type(s) of rehabilitation. _____</p> | | | | |

EMPLOYMENT HISTORY

| MILITARY | | | |
|---|--------------|-----------------|----------|
| HAVE YOU EVER BEEN IN THE ARMED FORCES? | | _____ Yes | _____ No |
| ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? | | _____ Yes | _____ No |
| Specialty | Date Entered | Date Discharged | |

| Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self employed, give firm name. Attach additional sheets if necessary. | | | |
|---|-------------------------|--------------------------------|---------------------------------|
| Name of Employer Address City, State, Zip Code Phone number | Name of last Supervisor | Employment Dates From To | Pay or Salary Start Final |
| Your 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. | | | |

| | | | |
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SUITABILITY

| | | |
|---|-----------|----------|
| May we contact your present employer? | _____ Yes | _____ No |
| Did you complete this application yourself? | _____ Yes | _____ No |
| If not, who did? | _____ | |
| Are you willing to travel for work? | _____ Yes | _____ No |
| Are you MSHA certified? | _____ Yes | _____ No |
| Do you have any special needs that need to be included in your personnel file? (I.E. medications, contacts) | | |
| | | |

| Personal References (non-family) | | |
|---|--------------|-------|
| | | |
| Name | Relationship | Phone |
| | | |
| Name | Relationship | Phone |
| | | |
| Name | Relationship | Phone |

I certify that the information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____

Date: _____