

## Employment Application

All qualified applications will be considered without regard to race, color, religion, or national original, ancestry, sex, non-job related disabilities or age (40 and over). All information requested on this application form is solicited for the purpose of determining abilities and skills required for proper job placement and to facilitate verification of the information requested.

*This application must be completed in its entirety.*

Today's Date \_\_\_\_\_

Position Applied For \_\_\_\_\_

Please check one  Full-time  Part-time  Volunteer

### CONTACT INFORMATION

Name \_\_\_\_\_

Last

First

Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_

(Please give a number that you may be reached or a message may be left from 9:00AM to 4:00PM)

### IDENTIFICATION INFORMATION

Driver License No. \_\_\_\_\_ State Issued \_\_\_\_\_

Class of Driver License (check all that apply)  Class A  Class B  Class C

Driver License Expiration Date \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

If you answered no to the above question, do you have a work permit?  Yes  No

Are you a United States citizen or authorized to work in the United States?  Yes  No

*(Proof of citizenship or immigration status will be required upon employment)*

### HOURS OF EMPLOYMENT

Are you able and willing to work over-time?  Yes  No

Are you able and willing to work weekends?  Yes  No

**EMPLOYMENT HISTORY** *(List all employers for the last five years and a minimum of your last three employers.)*

Job Title \_\_\_\_\_ Date of Employment \_\_\_\_\_ to \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Hour Rate/Salary \_\_\_\_\_

Can we contact this employer?     Yes             No

Will the supervisor/employer provide a positive job reference?     Yes             No

If no to either of the questions above, please explain \_\_\_\_\_

\_\_\_\_\_

Were you:

- Discharged or asked to resign by this employer?     Yes             No
- Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?     Yes             No
- Ever counseled or warned about excessive absenteeism or tardiness by this employer?     Yes             No

If yes to any of these three situations above, please explain \_\_\_\_\_

\_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Hour Rate/Salary \_\_\_\_\_

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 Yes  No

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Please use additional pages if necessary.

EDUCATION			
Institution Name		Graduate (Y/N)	Degree/Field
High School			
College/University			
Specialized Training			
Other Education			
If you did not graduate from high school, did you obtain a GED?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

MILITARY	
Branch of Service _____	Length of Service _____
Rank at Separation _____	Type of Discharge _____
Active Reserve	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reserve Requirements _____	
Specialized Training _____	

OTHER QUALIFICATIONS
Describe the types of equipment you have experience in operating?
_____
_____
_____
_____
List any trade, professional or skill certificates that you have:
_____
_____
_____
_____
Summarize special skills, abilities or experiences which qualify you for this position:
_____
_____
_____
_____
_____

<b>BACKGOURND INFORMATION</b>				
Have you been charged with a crime in the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide the following information:				
Charged Offense	City/County	State	Date	Disposition of Case
Have you been convicted with a crime in the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide the following information:				
<i>NOTE: Criminal convictions are not necessarily a bar to being hired. All relevant circumstances will be considered.</i>				

<b>TRAFFIC/DRIVING RECORD</b>			
List all traffic citations and accidents that you were involved in within the last three (3) years (excluding parking tickets).			
Charged Offense	Location of Incident	Date of Incident	Fault Found? (Y/N)
Have you been convicted, pleaded no contention or paid a fine for any traffic violations in the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>REFERENCES</b>			
List three (3) references other than relatives.			
Name	Address	Telephone	Relationship

