

WORK HISTORY

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and periods of unemployment for the past 10 years. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Employer: _____	Supervisor: _____
Address: _____	Employed: _____
_____	From: (m/y) _____ To: (m/y) _____
City, State, Zip Code: _____	Pay: _____
_____	Start: \$ _____ Final: \$ _____
Title: _____	Reason for Leaving: _____
_____	_____
Duties: _____	_____
_____	_____

Name of Employer: _____	Supervisor: _____
Address: _____	Employed: _____
_____	From: (m/y) _____ To: (m/y) _____
City, State, Zip Code: _____	Pay: _____
_____	Start: \$ _____ Final: \$ _____
Title: _____	Reason for Leaving: _____
_____	_____
Duties: _____	_____
_____	_____

Name of Employer: _____	Supervisor: _____
Address: _____	Employed: _____
_____	From: (m/y) _____ To: (m/y) _____
City, State, Zip Code: _____	Pay: _____
_____	Start: \$ _____ Final: \$ _____
Title: _____	Reason for Leaving: _____
_____	_____
Duties: _____	_____
_____	_____

EDUCATION

List Name and Address of School	Number of Years Completed	Diploma / Degree / Certificate
High School or GED: _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

List Name and Address of School	Number of Years Completed	Diploma / Degree / Certificate
College or University: _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Majors and Minors (if any): _____		

List Name and Address of School	Number of Years Completed	Diploma / Degree / Certificate
Vocational or Technical: _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number: _____ Class of License: _____

Have you had your driver's license suspended or revoked in the last three years? Yes No

If yes, give details _____

List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

MILITARY RECORD

Branch of U.S. Military Service from (month/year) to (month/year): _____

Highest Rank Attained: _____ Type of Discharge: _____

Military Occupational Specialty and/or Major Duties: _____

Honors or Awards: _____

REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any and all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: **X** _____ Date: _____

This application for employment will remain active for a limited time.