

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable State and Federal laws prohibiting discrimination in employment based on race, age, sex, religion, national origin or other protected classification.

(Applicants may be submitted to random Drug Screening)

NAME: _____ DATE: _____

PRESENT ADDRESS:- _____

HOW LONG: _____

TELEPHONE NO: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

POSITION APPLIED FOR: _____ DAYS/HOURS AVAILABLE TO WORK:

STARTING SALARY DESIRED: _____ NO PREF: _____ THURS: _____

MON: _____ FRI: _____

TUES: _____ SAT: _____

WED: _____ SUN: _____

HOW MANY HOURS CAN YOU WORK WEEKLY? _____

EMPLOYMENT DESIRED? _____ FULL -TIME _____ PART-TIME _____ FULL OR PART

WHEN WILL YOU BE AVAILABLE TO START? _____

DO YOU HAVE A CURRENT DRIVERS LICENSE? _____

DO YOU HAVE TRANSPORTATION TO AND FROM WORK? _____

ARE YOU CURRENTLY ENLISTED IN ANY FORM OF MILITARY? __ YES __ NO

IF YES WHAT BRANCH? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ____ YES ____ NO (CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT.) IF YES, PLEASE

EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED ON ANY TYPE OF DRUG CHARGE? _____ YES _____ NO

COMPLETE ONLY IF APPLYING FOR A DESK JOB

TYPING ___ YES ___ NO ___ WPM

COMPUTER KNOWLEDGE ___ YES ___ NO

PLEASE

EXPLAIN: _____

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY EXPERIENCE WITH ANIMALS? ___ YES ___ NO

IF YES PLEASE

EXPLAIN. _____

EXPERIENCE

(PLEASE START WITH MOST RECENT)

1.NAME/ADDRESS _____ _____	STARTING POSITION _____	ENDING POSITION _____
	SALARY PAID _____	NAME OF SUPERVISOR _____
FROM MO./YEAR _____	TO MO./ YEAR _____	PHONE NO. _____
REASON FOR LEAVING _____		

2.NAME/ADDRESS _____ _____	STARTING POSITION _____	ENDING POSITION _____
	SALARY PAID _____	NAME OF SUPERVISOR _____
FROM MO./YEAR _____	TO MO./ YEAR _____	PHONE NO. _____
REASON FOR LEAVING _____		

3.NAME/ADDRESS _____ _____	STARTING POSITION _____	ENDING POSITION _____
	SALARY PAID _____	NAME OF SUPERVISOR _____
FROM MO./YEAR _____	TO MO./ YEAR _____	PHONE NO. _____
REASON FOR LEAVING _____		

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____ YES _____ NO

IF NO, INDICATE BY NUMBER WHICH ONE(S) WE MAY CONTACT. _____

LIST ANY HOBBIES THAT YOU HAVE THAT MAY HELP THE JOB THAT YOU ARE APPLY FOR:

INTERVIEWED: DATE: _____ BY: _____

HIRED: _____ YES _____ NO

IF YES START DATE: _____

COMMENTS: _____

DO NOT WRITE IN SPACE ABOVE

EDUCATION

HIGH SCHOOL: _____ **DID YOU GRADUATE:** ____ **YES** ____ **NO**

WHAT YEAR? _____

PLEASE LIST BELOW ANY OTHER TRAINING SUCH AS; COLLEGE, GRADUATE, BUSINESS, ETC:

(NAME OF SCHOOL, ADDRESS, YEARS ATTENDED, DEGREE)

PERSONAL REFERENCES

(PLEASE LIST 2(TWO) OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.)

NAME: _____

ADDRESS: _____

PHONE NO: _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

NAME: _____

ADDRESS: _____

PHONE NO: _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____