

<b>PERSONAL INFORMATION</b>			
Last Name	First	M.I.	Date
Present Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Pay	
Position Applying for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

<b>EDUCATION</b>			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	GPA
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/ GPA
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/ GPA

<b>REFERENCES</b>	
<i>Please list three professional references not related to you.</i>	
Full Name	Years Acquainted
Company	Phone ( )
Address	
Full Name	Years Acquainted
Company	Phone ( )
Address	
Full Name	Years Acquainted
Company	Phone ( )
Address	

PREVIOUS EMPLOYMENT		
Company		Phone (    )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone (    )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone (    )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

If more explanation is required, please use this space.

List special awards or recognition:

<b>MILITARY SERVICE</b>	
Branch	From                      To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Physical Record: Do you have any physical limitations that prevent you from performing any work for which you are being considered? Circle one: Yes or No

If yes, please describe: \_\_\_\_\_

In Case Of Emergency Notify:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone or Cell Number (        ) \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

**I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.**

**I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.**

**I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

## **Employment Application Questions**

Please provide a brief answer to each question. Use the back of this sheet if more space is required.

1. Why should we hire you?
2. What are your expectations of this job?
3. What hours are you available to work?
4. What shift would you prefer to work?
5. Are you available to work weekends? Every or most weekends?
6. How many overtime hours per week would you like to work?
7. How much money (per hour) would you like to make if hired?
8. How much money (per hour) would you expect to make one year from now?
9. What is your math background?
10. What do you like least about your present job (Or school)?
11. What special interest do you have (sports, hobbies, etc.)?
12. What was the toughest decision you had to make in the past year? Why?
13. Give an example of a time when you did more than what was required in a job (or at school).
14. Have you ever had trouble learning something new? How did you deal with that situation?
15. How long were you at a previous job before you felt at ease with the procedures?
16. What were your strongest courses in school (classes in which you performed well)?
17. What were your weakest courses in school (classes in which you did poorly)?
18. Did you take geometry? If yes, what was your grade?
19. Describe a situation in which you were under a great deal of pressure? How did you deal with it?
20. How do you determine which activities at work require most of your time (top priority)?