

APPLICATION FOR EMPLOYMENT

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| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE | | | | | | | |
| APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS | | | | | | | |
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| PLEASE COMPLETE PAGES 1-4. | | | | | | DATE | |
| Name | | | | | | | |
| Last First Middle Maiden | | | | | | | |
| Present address | | | | | | | |
| Number Street City State Zip | | | | | | | |
| How long | | | Social Security No. \_\_\_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_\_\_\_\_ | | | | |
| Telephone ( ) Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| If under 18, please list age | | | | | | | |
| Position applied for (1)  and salary desired (2)  (Be specific) | | | | Days/hours available to work  Thur  Mon Fri  Tue Sat  Wed Sun | | | |
| How many hours can you work weekly? Can you work nights? | | | | | | | |
| Employment desired ❑FULL-TIME ONLY ❑PART-TIME ONLY ❑FULL- OR PART-TIME | | | | | | | |
| When available for work? | | | | | | | |
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|  | | | | | | | |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | | | NUMBER OF YEARS COMPLETED | | MAJOR & DEGREE |
| High School |  |  | | |  | |  |
|  |  |  | | |  | |  |
| College |  |  | | |  | |  |
|  |  |  | | |  | |  |
| Bus. or Trade School |  |  | | |  | |  |
|  |  |  | | |  | |  |
| Professional School |  |  | | |  | |  |
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| Do you give permission for a background check? Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_  Do you give permission for a drug test? Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | |
| Are you related to any current board member? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

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| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE | | |
| DO YOU HAVE A CURRENT DRIVER’S LICENSE? ❑ Yes ❑ No | | |
| What is your means of transportation to work? | | |
| Driver’s license  number State of issue \_\_\_\_\_\_\_ | | |
| Expiration date | | |
| Have you had any accidents during the past three years? | | How many? |
| Have you had any moving violations during the past three years?  Do you have insurance? | | How Many?  Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_ |
| Office Only Maintenance Only | | |
| Typing Yes\_\_\_\_\_\_No \_\_\_\_\_\_\_ WPM Are you able to lift 50# plus? Yes\_\_\_\_\_No\_\_\_\_\_  10 Key Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_  What equipment do you have experience with:\_\_\_\_\_\_\_  Word Processing Yes\_\_\_\_\_\_No\_\_\_\_\_\_\_ WPM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Can you operate a vehicle with a stick shift? \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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|  | | |
| Please list two references other than relatives or previous employers. | | |
| Name | Name | |
| Position | Position | |
| Company | Company | |
| Address | Address | |
|  |  | |
| Telephone ( ) | Telephone ( ) | |
|  | | |
| An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. | | |
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| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE | | | | | | | |
|  | | 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 Discharge Date | | | | | | | |
|  | | | | | | | |
| 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 | | | Name of last supervisor | | Employment dates | | Pay or salary |
| City, State, Zip Code Phone number | | |  | | From  To | | 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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| City, State, Zip Code Phone number | | |  | | From  To | | 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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|  | | | |  | |
| Name of employer  Address | | Name of last supervisor | Employment dates | | Pay or salary |
| City, State, Zip Code Phone number | |  | From  To | | 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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| Name of employer  Address | | Name of last supervisor | Employment dates | | Pay or salary |
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| May we contact your present employer? ❑ Yes ❑ No | | | | | | |
| Did you complete this application yourself ❑ Yes ❑ No | | | | | | |
| If not, who did? | | | | | | |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_