|  |  |  |  |
| --- | --- | --- | --- |
| Name  | (*first*) | (*middle initial*) | (*last*) |
|  |  |  |  |
| Address | (*street*) | (*city), (state) (ZIP*) | Telephone # |
|  |  |  |  |
| U.S. Citizen | What type of VISA? | What prompted this application? | Email Address |
| ❑ yes ❑ no 🡪 |  | ❑ Newspaper ❑ Radio❑ Social Media ❑ Friend❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Employment Interests** |
| Type of work desired | Will you relocate? | Date Available | Do you have a current driver’s license? |
|  | ❑ yes ❑ no |  | ❑ yes ❑ no |

|  |
| --- |
| **Education** |
|  | Dates |  |  | Average Grade |
| Name & Location | From | To | Degree | Major Subject | A | B | C | D |
| High School |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| College(s) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Vocational, Trade or Other Schools Attended |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Scholastic Honors, Scholarships, Assistantships, etc. |
|  |
| Licenses, Certificates, Publications, Inventions or Patents |
|  |

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| **Health** |
| Describe any health condition(s) that would prevent you from doing certain kinds of work or interfere with job performance for the applied position. (Employment is contingent on meeting minimal health requirements established for the position. |
|  |

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| **References** |
| List three (3) references who are not relatives. | May we contact references? ❑ yes ❑ no |
| Name | Email Address | Phone # | Occupation | Years Known |
|  |  |  |  |  |
| Name | Email Address | Phone # | Occupation | Years Known |
|  |  |  |  |  |
| Name | Email Address | Phone # | Occupation | Years Known |
|  |  |  |  |  |

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| **Military Service** |
| Branch of Service | Date Entered | Date of Discharge |
|  |  |  |
| Rank at Discharge | Major Duties |  |
|  |  |  |
| Special Recognition or Achievements |
|  |

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| --- |
| **Employment History** |
| **Company Name** | Address |
|  |  |
| Type of Business |
|  |
| Employed as (starting) | Date | Salary | Employed as (termination) | Date | Salary |
|  |  |  |  |  |  |
| Job Duties | Reason for Leaving |
|  |  |
| Supervisor | Telephone # |
|  |  |
| **Company Name** | Address |
|  |  |
| Type of Business |
|  |
| Employed as (starting) | Date | Salary | Employed as (termination) | Date | Salary |
|  |  |  |  |  |  |
| Job Duties | Reason for Leaving |
|  |  |
| Supervisor | Telephone # |
|  |  |
| **Company Name** | Address |
|  |  |
| Type of Business |
|  |
| Employed as (starting) | Date | Salary | Employed as (termination) | Date | Salary |
|  |  |  |  |  |  |
| Job Duties | Reason for Leaving |
|  |  |
| Supervisor | Telephone # |
|  |  |

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| **In Case of Emergency Notify:** |
| Name | Telephone # |
|  |  |
| Address | City | State | ZIP Code |
|  |  |  |  |

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| **Understanding** |
| *I understand that if I employed, my employment will be conditional and not for any definite or guaranteed period of time. I realize that my signature will be your authorization to research statements that I have made in this application.**Furthermore, it is understood and agreed that any misrepresentation by me in this application could be cause for cancellation of the application and/or for separation from the company’s service if I have been employed.**I further agree to wear and maintain such personal protective equipment as may be provided by the company; for instance, hard hat, safety belt, etc., and to return same to the company on termination of my employment.* |
| Signature | Date |
|  |  |