

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis, including race, color, age, sex, religion, disability or national origin.

Date: / /

EMPLOYMENT DESIRED

Position:	Day You Can Start:	Salary Desired:	Type of Employment:
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever applied to this company before? YES <input type="checkbox"/> NO <input type="checkbox"/>		Where?	When?
YES <input type="checkbox"/> NO <input type="checkbox"/>			
If employed, can you submit verification of your legal right to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been discharged or disciplined by an employer for theft, sexual harassment, disruptive behavior, using or possessing a weapon on company premises, and/or using drugs or illegal substances? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted, pled guilty, or received deferred adjudication for a felony or misdemeanor which resulted in imprisonment or court ordered probation? If yes, explain in detail on a separate sheet of paper. YES <input type="checkbox"/> NO <input type="checkbox"/>			

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Address (Number, Street, City, State, Zip Code)		
Social Security Number	Home Phone Number	Referred By

EDUCATION

High School Attended and Location	No. of Years Completed	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
College Attended and Location	No. of Years Completed	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>

GENERAL

Special Courses or Training:
Experience / Skills related to the position you are applying for:

OFFICE / SECRETARIAL APPLICATIONS

Skill / Aptitude	Years of Experience	Words Per Minute	Software Used
Typing			
Shorthand			
Word Processing			
List secretarial training courses completed and any other training which may be helpful in considering your application:			

EMPLOYMENT HISTORY (List Present or Most Recent Positions First)

Name of Employer		Address (Street, City, State, Zip)	
Phone	Type of Business	Department	Your Position
Experience / Skills related to the position you are applying for:			
Date Employed (M/D/Y)	Date Left (M/D/Y)	Starting Salary	Final Salary
Reason For Leaving:			

EMPLOYMENT HISTORY (List Present or Most Recent Positions First)

Name of Employer		Address (Street, City, State, Zip)	
Phone	Type of Business	Department	Your Position
Experience / Skills related to the position you are applying for:			
Date Employed (M/D/Y)	Date Left (M/D/Y)	Starting Salary	Final Salary
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Name of Employer		Address (Street, City, State, Zip)	
Phone	Type of Business	Department	Your Position
Experience / Skills related to the position you are applying for:			
Date Employed (M/D/Y)	Date Left (M/D/Y)	Starting Salary	Final Salary
Reason For Leaving:			

OTHER EXPERIENCE**(In this section, list any job experience not listed that most directly relates to the job for which you are now applying.)**

Name of Employer		Address (Street, City, State, Zip)	
Phone	Type of Business	Department	Your Position
Duties:			
Date Employed (M/D/Y)	Date Left (M/D/Y)	Starting Salary	Final Salary
Reason For Leaving:			

I certify that the information provided is true and correct

Signature _____

