

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

| | | | | Date | |
|------------------------|-----------------|-----------------|------------|-----------------|---------|
| Name | | | | | |
| Last | First | Middle | M | aiden | |
| Present address | Number | Street City | State Z | | |
| How long | | • | | - - _ | |
| Telephone (<u>)</u> | | | | | |
| EMPLOYMENT D | ESIRED | | | | |
| | | | | | |
| Position applied for _ | | Davs/hou | rs availab | le to work: | |
| | | | | | |
| and salary desired | | | | | |
| How many hours can y | ou work weekly? | Can y | you work r | nights? | |
| Employment desired | ☐FULL-TIME ONLY | □PART-TIME ONLY | □FUL | L- OR PART-TIMI | E |
| When are you available | | | | | |
| s aro you available | | | | | |
| EDUCATION | | | | | |
| | AME OF SCHOOL | LOCATION | | YEARS | MAJOR 8 |
| | | | | COMPLETED | DEGREE |

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | YEARS COMPLETED | MAJOR & DEGREE |
|------------------------------------|----------------|----------|--------------------|----------------|
| High School | | | | |
| College | | | | |
| Business or Trade School | | | | |
| Professional or Graduate School | | | | |

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 Phone number | | From | Start |
| | | То | Final |
| | Your last job tit | le | |

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.

| Name of Employer Address | Name of last supervisor | Employment dates | Pay or salary |
|----------------------------------|-------------------------|------------------|---------------|
| City, State, Zip Phone number | | From | Start |
| | | То | Final |
| | Your Last Job Ti | tle | |

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.

| Name of Employer Address | Name of last supervisor | Employment dates | Pay or salary |
|-------------------------------|-------------------------|------------------|---------------|
| City, State, Zip Phone number | | From | Start |
| | | То | 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.

WORK EXPERIENCE

| Name of Employer Address | Name of last supervisor | Employment dates | Pay or salary | |
|--|---|--|---------------------|--|
| City, State, Zip Phone number | - | From | Start | |
| rnone number | | То | Final | |
| | Your last job title | • | | |
| Reason for leaving (be specific) | | | | |
| List the jobs you held, duties performed, skills used worked at this company. | or learned, advanc | ements or promo | ions while you | |
| Are you currently employed? | | □ Yes | □ No | |
| May we contact your present employer? | | ☐ Yes | □ No | |
| Did you complete this application yourself | | ☐ Yes | □ No | |
| If not, who did? | | | | |
| Have you ever been convicted of a felony? | | □ Yes | □ No | |
| If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such | | | | |
| If yes, explain number of conviction(s), nature of offe | nse(s) leading to | conviction(s), how | recently such | |
| If yes, explain number of conviction(s), nature of offer offense(s) was/were committed, sentence(s) imposed | | | - | |
| offense(s) was/were committed, sentence(s) imposed | | habilitation. | | |
| offense(s) was/were committed, sentence(s) imposed Have you ever been in the armed forces? | I, and type(s) of re | habilitation □ Yes | □ No | |
| offense(s) was/were committed, sentence(s) imposed Have you ever been in the armed forces? Specialty Date Entered | I, and type(s) of re | habilitation. Yes scharge Date | □ No | |
| offense(s) was/were committed, sentence(s) imposed Have you ever been in the armed forces? Specialty Date Entered Are you now a member of the National Guard? | I, and type(s) of re | habilitation □ Yes scharge Date □ Yes | □ No | |
| Have you ever been in the armed forces? Specialty Date Entered _ Are you now a member of the National Guard? If hired, can you provide proof of U.S. citizenship | d, and type(s) of re | habilitation. Yes scharge Date | □ No | |
| Have you ever been in the armed forces? Specialty Date Entered Are you now a member of the National Guard? If hired, can you provide proof of U.S. citizenship or proof of your legal right to live and work in this co | d, and type(s) of re | habilitation □ Yes scharge Date □ Yes □ Yes | □ No □ No □ No | |
| Have you ever been in the armed forces? Specialty Date Entered _ Are you now a member of the National Guard? If hired, can you provide proof of U.S. citizenship or proof of your legal right to live and work in this company? | d, and type(s) of re | habilitation □ Yes scharge Date □ Yes | □ No | |
| Have you ever been in the armed forces? Specialty Date Entered _ Are you now a member of the National Guard? If hired, can you provide proof of U.S. citizenship or proof of your legal right to live and work in this company? If yes, when? | d, and type(s) of re Dis | habilitation Yes scharge Date Yes □ Yes □ Yes | □ No □ No □ No | |
| Have you ever been in the armed forces? Specialty Date Entered Are you now a member of the National Guard? If hired, can you provide proof of U.S. citizenship or proof of your legal right to live and work in this company? If yes, when? Do you have any friends or relatives employed by this | d, and type(s) of re Dispuntry? | habilitation □ Yes scharge Date □ Yes □ Yes | □ No □ No □ No | |
| Have you ever been in the armed forces? Specialty Date Entered _ Are you now a member of the National Guard? If hired, can you provide proof of U.S. citizenship or proof of your legal right to live and work in this company? If yes, when? | d, and type(s) of re Dispuntry? | habilitation Yes scharge Date Yes □ Yes □ Yes | □ No □ No □ No | |
| Have you ever been in the armed forces? Specialty Date Entered Are you now a member of the National Guard? If hired, can you provide proof of U.S. citizenship or proof of your legal right to live and work in this company? If yes, when? Do you have any friends or relatives employed by this | d, and type(s) of re Dis | habilitation □ Yes scharge Date □ Yes □ Yes □ Yes | □ No □ No □ No | |
| Have you ever been in the armed forces? Specialty Date Entered _ Are you now a member of the National Guard? If hired, can you provide proof of U.S. citizenship or proof of your legal right to live and work in this company? If yes, when? Do you have any friends or relatives employed by this lif yes, please provide their names and relationship to | d, and type(s) of re Discountry? s company? you. tation to and from | habilitation □ Yes scharge Date □ Yes □ Yes □ Yes | □ No □ No □ No □ No | |
| Have you ever been in the armed forces? Specialty Date Entered Are you now a member of the National Guard? If hired, can you provide proof of U.S. citizenship or proof of your legal right to live and work in this company? If yes, when? Do you have any friends or relatives employed by this lf yes, please provide their names and relationship to If hired, would you have a reliable means of transport | d, and type(s) of re Discountry? s company? you. tation to and from | habilitation Yes scharge Date Yes □ Yes □ Yes □ Yes □ Yes | No | |

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

| Name | | Occupation |
|-------------------------|---------|---|
| Company name | Address | |
| Telephone | E-mail | Years acquainted |
| Name | | Occupation |
| name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Years acquainted |
| | | |
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Years acquainted |
| ADDITIONAL INFO | RMATION | , |
| background. Use the spa | | individual to adequately summarize a complete Iditional information necessary to describe your |
| 4 | | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | |
| | | |
| | | |
| | | |
| Olematum of accellant | | В. |
| Signature of applicant | | Date: |

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.