

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____

Position applying for _____ Full Time Part Time Temporary Seasonal

Who referred you? _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

COMPANY NAME		DATES WORKED		POSITION(S) HELD	
ADDRESS, CITY, STATE, ZIP		FROM	TO		
PHONE NO. ()		DUTIES/RESPONSIBILITIES			
TYPE OF BUSINESS					
NAME OF SUPERVISOR		REASON FOR LEAVING			
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR	ENDING/CURRENT per <input type="checkbox"/> HOUR	<input type="checkbox"/> BONUS	AMOUNT RECEIVED	
<input type="checkbox"/> YEAR	\$	<input type="checkbox"/> YEAR	<input type="checkbox"/> INCENTIVES	\$	WORK HOURS

COMPANY NAME		DATES WORKED		POSITION(S) HELD	
ADDRESS, CITY, STATE, ZIP		FROM	TO		
PHONE NO. ()		DUTIES/RESPONSIBILITIES			
TYPE OF BUSINESS					
NAME OF SUPERVISOR		REASON FOR LEAVING			
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR	ENDING/CURRENT per <input type="checkbox"/> HOUR	<input type="checkbox"/> BONUS	AMOUNT RECEIVED	
<input type="checkbox"/> YEAR	\$	<input type="checkbox"/> YEAR	<input type="checkbox"/> INCENTIVES	\$	WORK HOURS

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ADDRESS, CITY, STATE, ZIP		FROM	TO		
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BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR	ENDING/CURRENT \$	per <input type="checkbox"/> HOUR	<input type="checkbox"/> BONUS	AMOUNT RECEIVED
<input type="checkbox"/> YEAR			<input type="checkbox"/> YEAR	<input type="checkbox"/> INCENTIVES	\$
					WORK HOURS

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<input type="checkbox"/> YEAR			<input type="checkbox"/> YEAR	<input type="checkbox"/> INCENTIVES	\$
					WORK HOURS

WORK REFERENCES

NAME		YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME		YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	CITY	STATE	WORK PHONE
		HOME PHONE	

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	CITY	STATE	WORK PHONE
		HOME PHONE	

SPECIAL SKILLS

Please check the skills for which you have received training:

Word Processing (WPM _____)
 Data Entry
 10-Key Calculator

Software Packages: _____

Programming Languages: _____

Database: _____

Manufacturing Equipment: _____

Other: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether the same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete the best of my knowledge.

Applicant Signature

Date