

EMPLOYMENT APPLICATION



(PLEASE FULLY COMPLETE)

Space For
Picture

PERSONAL INFORMATION

LAST NAME: _____	PERSONAL ADDRESS: _____
FIRST NAME: _____	PHONE: _____
SOCIAL SECURITY NO: _____	CELLULAR: _____
MARITAL STATUS: _____	NATIONALITY: _____
DATE OF BIRTH: D/M/Y _____ AGE: _____	

DESIRED EMPLOYMENT

POSITION: _____	SALARY DESIRED (WEEKLY): _____
DATE YOU CAN START: _____	FULL TIME <input type="checkbox"/> PART TIME: <input type="checkbox"/>
ARE YOU WILLING TO DO OVERTIME? _____	
DO YOU POSSESS A VALID DRIVERS LICENSE? _____	
LIST THE CLASS THAT YOU ARE ABLE TO DRIVE: _____	
CAN YOU OPERATE ANY TYPE OF MACHINERY? _____	
LIST KNOWLEDGE OF ANY COMPUTER PROGRAM YOU ARE FAMILIAR WITH: _____	

EDUCATION

SCHOOLS ATTENDED	DATES ATTENDED	DEGREE CONCENTRATION
PRIMARY: _____	_____	_____
SECONDARY: _____	_____	_____
COLLEGE: _____	_____	_____
TRADE SCHOOL: _____	_____	_____

REFERENCES (REFERENCES FROM FAMILY MEMBERS ARE NOT VALID)

NAME:	ADDRESS	PHONE #	NATURE OF RELATIONSHIP WITH REFERENCE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

HEALTH

DO YOU SUFFER FROM ANY CHRONIC ILLNESS THAT MAY BE DETRIMENTAL TO THE WORK ENVIRONMENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU USE ANY ADDICTIVE SUBSTANCES? IF YES, EXPLAIN	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU HAVE A CLEAN POLICE RECORD? IF NO, EXPLAIN	YES <input type="checkbox"/>	NO <input type="checkbox"/>

LIST THE PAST FOUR EMPLOYMENT EXPERIENCES (Starting with most recent including present)

NAME OF COMPANY: _____	NAME OF SUPERVISOR: _____
ADDRESS: _____	PHONE#: _____
REASON FOR LEAVING/TERMINATION: _____	
TIME PERIOD OF EMPLOYMENT: _____	
WHAT WAS YOUR JOB TITLE/POSITION: _____	
NAME OF COMPANY: _____	NAME OF SUPERVISOR: _____
ADDRESS: _____	PHONE#: _____
REASON FOR LEAVING/TERMINATION: _____	
TIME PERIOD OF EMPLOYMENT: _____	
WHAT WAS YOUR JOB TITLE/POSITION: _____	
NAME OF COMPANY: _____	NAME OF SUPERVISOR: _____
ADDRESS: _____	PHONE#: _____
REASON FOR LEAVING/TERMINATION: _____	
TIME PERIOD OF EMPLOYMENT: _____	
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