

APPLICATION FOR EMPLOYMENT

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| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE |
| APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS |
|  |
| PLEASE COMPLETE PAGES 1-4. | DATE  |
| Name  |
|  Last First Middle Maiden |
| Present address  |
|  Number Street City State Zip |
| How long  | Social Security No. \_\_\_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_\_\_\_\_ |
| Telephone ( ) Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If under 18, please list age  |
| Position applied for (1) and salary desired (2) (Be specific) | Days/hours available to work Thur Mon Fri Tue Sat Wed Sun  |
| How many hours can you work weekly? Can you work nights?  |
| Employment desired ❑FULL-TIME ONLY ❑PART-TIME ONLY ❑FULL- OR PART-TIME |
| When available for work?  |
|   |
|  |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION(Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
| High School |  |  |  |  |
|  |  |  |  |  |
| College |  |  |  |  |
|  |  |  |  |  |
| Bus. or Trade School |  |  |  |  |
|  |  |  |  |  |
| Professional School |  |  |  |  |
|  |  |  |  |  |
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| Do you give permission for a background check? Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_Do you give permission for a drug test? Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Are you related to any current board member? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_  |

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| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE |
| DO YOU HAVE A CURRENT DRIVER’S LICENSE? ❑ Yes ❑ No |
| What is your means of transportation to work?  |
| Driver’s license number State of issue \_\_\_\_\_\_\_  |
| Expiration date  |
| Have you had any accidents during the past three years? | How many?  |
| Have you had any moving violations during the past three years?Do you have insurance?  | How Many? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_ |
|  Office Only Maintenance Only |
| Typing Yes\_\_\_\_\_\_No \_\_\_\_\_\_\_ WPM Are you able to lift 50# plus? Yes\_\_\_\_\_No\_\_\_\_\_10 Key Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_  What equipment do you have experience with:\_\_\_\_\_\_\_Word Processing Yes\_\_\_\_\_\_No\_\_\_\_\_\_\_ WPM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can you operate a vehicle with a stick shift? \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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|  |
| Please list two references other than relatives or previous employers. |
| Name  | Name  |
| Position  | Position  |
| Company  | Company  |
| Address  | Address  |
|   |   |
| Telephone ( )  | Telephone ( )  |
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| An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. |
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| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE |
|  | MILITARY |  |
| HAVE YOU EVER BEEN IN THE ARMED FORCES? ❑ Yes ❑ No |
| ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ❑ Yes ❑ No |
| Specialty Date Entered Discharge Date  |
|  |
| 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 CodePhone number |  | FromTo | StartFinal |
|  | 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. |
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| May we contact your present employer? ❑ Yes ❑ No |
| Did you complete this application yourself ❑ Yes ❑ No |
| If not, who did?  |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_