AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

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Instructions: Please complete this form completely and accurately. Please type or use a pen and print clearly.

SECTION I - PERSONAL INFORMATION

Name:					
Last	First	Μ	II	Last 4 digits of S	.S.#
Street Address	City	State	County	Zip C	ode
Home Telephone #			Work Telephon	e #	
Are you at least eighteen	(18) years of age?			□ Yes	□ No
Are you prevented from of VISA or Immigration St		nployed by this Co	ounty because	□ Yes	□ No
Proof of c	itizenship or immigra	tion status will be	required upon er	mployment.	
Best Time to contact you	Best Time to contact you by phone at: Home: Work:				
	SECTION I	I - WORK PREFEI	RENCES		
Position(s) applied for	osition(s) applied for Date of Application				
Are you applying for:	🗆 Full-time	work Part-t	ime work	□No preferer	nce
Are you interested in: Permanent wo Seasonal work		□ Intermittent w □ No preference		Temporary wor	k
Are you currently on "lay	-off" status and subje	ect to recall?	Yes 🗆	No	
Minimum salary expectat	tion:				
Date available to start:					

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SECTION III - WORK REFERENCES

Employment History (In chronological order beginning with the most recent):

1.	Dates Employed:	Your Job Title:		
Employer's Name	From: Month/Year	Beginning: End:		
Street Address	To: Month/Year	Your Salary:		
City/State/Zip		Beginning:		
Supervisor's Name		End:		
Describe your duties, responsibilities, equipment operated, etc. for position(s) held:				
· · · · · · · · · · · · · · · · · · ·				
Describe your reason(s) for leaving:				

2.	Dates Employed:	Your Job Title:	
Employer's Name	From: Month/Year	Beginning: End:	
Street Address	To: Month/Year	Your Salary:	
City/State/Zip		Beginning: End:	
Supervisor's Name			
Describe your duties, responsibilities, equipment operated, etc. for position(s) held:			
Describe your reason(s) for leaving:			

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3.	Dates Employed:	Your Job Title:		
Employer's Name	From: Month/Year	Beginning: End:		
Street Address	То:	Your Salary:		
City/State/Zip	Month/Year	Beginning:		
Supervisor's Name		End:		
Describe your duties, responsibilities, equipment operated, etc. for position(s) held:				
Describe your reason(s) for leaving:				

4.	Dates Employed:	Your Job Title:	
Employer's Name	From: Month/Year	Beginning: End:	
Street Address	To: Month/Year	Your Salary:	
City/State/Zip	Monthy real	Beginning:	
Supervisor's Name		End:	
Describe your duties, responsibilities, equipment operated, etc. for position(s) held:			
Describe your reason(s) for leaving:			

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5.	Dates Employed:	Your Job Title:		
Employer's Name	From: Month/Year	Beginning: End:		
Street Address	To: Month/Year	Your Salary:		
City/State/Zip		Beginning: End:		
Supervisor's Name				
Describe your duties, responsibilities, equipment operated, etc. for position(s) held:				
Describe your reason(s) for leaving:				

SECTION IV - EDUCATION AND TRAINING

	Formal Education	College	Technical School	
School Name and Location:				
Years Completed	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 Above	1 2 3 4 Above	
Diploma/Degree/Major				
Other School(s) attended:				
Please describe the courses y	ou took, technical training	you received, or skills you	have attained which	
you feel would help you perfo	orm the job for which you a	are applying (e.g., special	machines or	
equipment you operate, hobbies or volunteer work projects which have taught you qualifying skills,				
etc.):				

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SECTION V - MISCELLANEOUS

The following information will be used only if it is directly related to the classification/position for which you are applying.)

□ Yes	□ No
□ Yes	🗆 No
□ Yes	🗆 No
	□ Yes

If you answered yes to any of the questions above, please explain:

REFERENCES

Please give the name, address, and phone number of three references not related to you who would know of your skills for this position:

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

DECLARATION / AUTHORIZATION

I hereby declare that the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain information through contacts with my former employers and references listed above.

Applicant's Signature

Date