

NOTICE: This generic job application complies with federal and state laws against discrimination; however, employers using this form should check local ordinances.

GENERAL INFORMATION

NAME (Last)	First	Middle Initial	Home Telephone	
Address (Mailing Address)	City	State	Zip code	Other Telephone
E-Mail Address		Are you authorized to work in the U.S.A? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position or Type of Employment Desired _____		Will Accept:	Shift:
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Part-Time	<input type="checkbox"/> Day
Salary Desired: _____		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Swing
Date Available: _____		<input type="checkbox"/> Temporary	<input type="checkbox"/> Graveyard
			<input type="checkbox"/> Rotating

EDUCATION AND TRAINING

High School Graduate or General Educational Development (GED) Test Passed? Yes No
If NO, list the highest grade completed: _____

High School, College, Vocational School (Most recent first)

SCHOOL NAME	LOCATION (City, State)	GRADUATED	DEGREE OR DIPLOMA	YEAR EARNED	MAJOR OR SUBJECT
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER LICENSES OR CERTIFICATES		NUMBER	WHERE ISSUED (City, State)		EXPIRATION DATE

Languages (other than English)	Language: _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
	Language: _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

REFERENCES (Do not include relatives)

NAME	CITY, STATE	TELEPHONE	PROFESSION

VETERAN INFORMATION (Most recent)

BRANCH OF SERVICE	DATE OF ENTRY	DATE OF DISCHARGE

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

TYPING WPM: _____

WORK EXPERIENCE (Most recent first, including voluntary work and military experience)

EMPLOYER	TELEPHONE NUMBER	FROM (Month/Year)
ADDRESS		TO (Month/Year)
JOB TITLE		
SPECIFIC DUTIES		HOURS PER WEEK
		LAST SALARY
		SUPERVISOR
REASON FOR LEAVING	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	TELEPHONE NUMBER	FROM (Month/Year)
ADDRESS		TO (Month/Year)
JOB TITLE		
SPECIFIC DUTIES		HOURS PER WEEK
		LAST SALARY
		SUPERVISOR
REASON FOR LEAVING	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	TELEPHONE NUMBER	FROM (Month/Year)
ADDRESS		TO (Month/Year)
JOB TITLE		
SPECIFIC DUTIES		HOURS PER WEEK
		LAST SALARY
		SUPERVISOR
REASON FOR LEAVING	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BACKGROUND (Convictions – do not include minor traffic violations)

Have you ever been convicted of any misdemeanors or felonies? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE	RESULT	OFFENSE(S)	YEAR(S)
	Felony <input type="checkbox"/>	Expunged <input type="checkbox"/>		
Misdemeanor <input type="checkbox"/>	Dismissed <input type="checkbox"/>			

I certify the information contained in this application is true, correct, and complete, to the best of my memory, I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

X

SIGNATURE OF APPLICANT

DATE