



**Identification**

Full name (first, middle, last) \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone (home or cell) \_\_\_\_\_ (work) \_\_\_\_\_  
Driver license number \_\_\_\_\_ Birth date \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Applying for position as \_\_\_\_\_ Date available for work \_\_\_\_\_  
Available to work nights and weekends?  Yes  No

*Do not complete this section unless accepted for employment.*  
Birth: City \_\_\_\_\_ State \_\_\_\_\_  
Sex \_\_\_\_\_ Race \_\_\_\_\_  
US Citizen  Yes  No  
In emergency, notify \_\_\_\_\_  
Phone \_\_\_\_\_

**PLEASE NOTE: YOUR DRIVING RECORD COULD BE A DECIDING FACTOR IN WHETHER OR NOT YOU ARE HIRED**

**Education**

*Please circle highest grade completed and show month and year of completion*

Primary/Middle 6 7 8 9 High school 10 11 12 College/Post high school 1 2 3 4 5 6 7 8  
Month/Year \_\_\_\_\_ Month/Year \_\_\_\_\_ Month/Year \_\_\_\_\_

*Last schools attended City & state Major subjects studied*  
Primary/Middle \_\_\_\_\_  
High school \_\_\_\_\_  
College/post high school \_\_\_\_\_

*Describe below any other non-military educational information that you think relates to the position for which you are applying.*

**Marital**

Single  Married  Month/Year \_\_\_\_\_ Separated  Month/Year \_\_\_\_\_ Divorced  Month/Year \_\_\_\_\_ Widowed  Month/Year \_\_\_\_\_  
No of dependents \_\_\_\_\_ Relationship/age of each \_\_\_\_\_ Spouse work?  Yes  No Earnings \_\_\_\_\_

**Military**

Present classification \_\_\_\_\_ Active duty branch \_\_\_\_\_ (Dates) From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Type discharge \_\_\_\_\_

*Describe below any military training or experience that you think relates to the position for which you are applying.*

**Financial**

*Please enter your average monthly expenses in each category*

Mortgage or rent \_\_\_\_\_ Auto payment plus monthly fuel expense \_\_\_\_\_ Life/home/car insurance \_\_\_\_\_  
Living expenses, groceries, etc. \_\_\_\_\_ Support/alimony \_\_\_\_\_ Credit card debt \_\_\_\_\_  
Sources & amounts of additional income \_\_\_\_\_

**General**

Have you ever:

- 1. Been convicted of a crime, either felony or misdemeanor?  Yes  No
- 2. Suffered from alcoholism, drug addiction or mental illness?  Yes  No
- 3. Received disability income from an illness or injury?  Yes  No
- 4. Failed to pass a standard physical examination?  Yes  No
- 5. Lost your driver's license for any reason?  Yes  No
- 6. Been hospitalized for an extended period of time?  Yes  No
- 7. Received unemployment compensation from a layoff?  Yes  No

*Please provide explanatory details below regarding any questions that you answered 'Yes.'*

Question no. Explanatory Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment Experience**

Please list your three most recent employers, beginning with your present or most recent employer

1. From \_\_\_\_\_ To \_\_\_\_\_ Company \_\_\_\_\_ Your job \_\_\_\_\_  
 Month / Year Month / Year Address \_\_\_\_\_ Department \_\_\_\_\_  
 City, State \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Type business \_\_\_\_\_ Weekly wages \_\_\_\_\_  
 At hire Final

Describe your duties, responsibilities, equipment operated, workers you supervised

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate your reason for leaving and explain below.  Resigned  Laid off  Discharged

Explanation: \_\_\_\_\_  
\_\_\_\_\_

2. From \_\_\_\_\_ To \_\_\_\_\_ Company \_\_\_\_\_ Your job \_\_\_\_\_  
 Month / Year Month / Year Address \_\_\_\_\_ Department \_\_\_\_\_  
 City, State \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Type business \_\_\_\_\_ Weekly wages \_\_\_\_\_  
 At hire Final

Describe your duties, responsibilities, equipment operated, workers you supervised

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate your reason for leaving and explain below.  Resigned  Laid off  Discharged

Explanation: \_\_\_\_\_  
\_\_\_\_\_

3. From \_\_\_\_\_ To \_\_\_\_\_ Company \_\_\_\_\_ Your job \_\_\_\_\_  
 Month / Year Month / Year Address \_\_\_\_\_ Department \_\_\_\_\_  
 City, State \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Type business \_\_\_\_\_ Weekly wages \_\_\_\_\_  
 At hire Final

Describe your duties, responsibilities, equipment operated, workers you supervised

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate your reason for leaving and explain below.  Resigned  Laid off  Discharged

Explanation: \_\_\_\_\_  
\_\_\_\_\_

**Your Comments**

Please provide in the space below any additional information that you think might be helpful to us in evaluating your application for work. Feel free to include personal interests, goals, or specialized skills.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, all information I have supplied in this application is accurate. I understand that willful falsification of any of this information will void my application or be grounds for subsequent dismissal if I am hired. I authorize investigation of all information I supplied, other than:

\_\_\_\_\_  
\_\_\_\_\_  
(Identify any employers, schools, etc. you wish us NOT to contact)

**Signature**

Applicant signature \_\_\_\_\_