



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 _____ City _____ State _____
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 _____