PRE-EMPLOYMENT APPLICATION

PERSONAL INFORMATION					
Last Name	First Name Middle Na	me	Home Phone ()		
Other Leet News			Work Phone ()		
Other Last Names			Social Security Number	-	
Address					
City	State	Zip	Date Available to Start		
		Zip			
Position or type of w	ork you are applying for:		Desired Salary		
Desired Schedule □ Full Time □ Part time □ Temp □ Days □ Evenings □ Nights					
Are you 18 years of a			Iave you ever applied for a position, or been employed with this ompany before? ☐ Yes ☐ No		
Have you ever been convicted of any law violation? ☐ Yes ☐ No.					
If yes, please explain. (conviction for an offense will not necessarily disqualify you from consideration)					
School or College	City, State	# of Years	Major	Type of Diploma	
High School					
College					
College					
Graduate School					
Business/Technical					
Other					
SPECIALIZED TRAINING					
PC SOFTWARE		SKILLS			
yes no		yes no			
☐ Other word-processing: (specify)			Typing: () Words pe	ping: () Words per minute	
☐ Other spreadsheets: (specify)			Dictating equipment (specify	ictating equipment (specify)	
☐ ☐ Database: (specify)			Short hand		
☐ Programming experience: (specify)			Other: (specify)		
☐ ☐ Other: (specify)			Other: (specify)		

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, martial status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

EMPLOYMENT BACKGROUND

List ALL employers in the past five years. Begin with your most recent employment. If additional space is needed, please use a blank page. Fill in information accurately and completely on this application even if attaching a resume.

Current E	mployment
Name:	Position Title:
Address:	Duties:
City: State: Zip:	
Phone: ()	
Immediate Supervisor:	Date Hired.
Supervisor's Title:	
May we contact this employer at this time? ☐ Yes ☐ No	
If no, explain:	Salary: \$
Previous F	Employment
Name:	Position Title:
Address:	Duties:
City: State: Zip:	
Phone: ()	Date Hired.
Immediate Supervisor:	Date Left.
Supervisor's Title:	Reason for leaving:
May we contact this employer at this time? \square Yes \square No	
If no, explain:	Salary: \$ □ hour □ week □ year
Previous F	Employment
Name:	Position Title:
Address:	Duties:
City: State: Zip:	
Phone: ()	Date Hired.
Immediate Supervisor:	Date Left.
Supervisor's Title:	Reason for leaving:
May we contact this employer at this time? \square Yes \square No	
If no, explain:	Salary: \$ □ hour □ week □ year
	INFORMATION apses in employment, job related information you would like to a
ertify that the information provided by me in this application is correct to the becommation given may result in discharge.	est of my knowledge, and that, in the event of employment, false or misleading
DATE SIG	GNATURE