

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address		City	State ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Position Apply For			
When Are You Available to Begin Work?			
If hired, can you provide evidence that you are authorized and of legal age to work in the United States?			Yes No
In Case of Emergency Notify Telephone			

EDUCATION

SCHOOL NAME/LOCATION	DEGREE/DIPLOMA

Other Training

First aid Training Yes No Date Completed _____

CPR training Yes No Date Completed _____

EMPLOYERS

(List all jobs and contracts held by you during the past five continuous years)

CURRENT EMPLOYER

Company Name		Telephone		
Address		City	State	ZIP Code
Position Held	From	Starting Salary		
Supervisor				

PREVIOUS EMPLOYER

Company Name		Telephone		
Address		City	State	ZIP Code
Position Held	From	To	Starting Salary/Ending Salary	
Reason for Leaving			Supervisor	

PREVIOUS EMPLOYER

Company Name		Telephone		
Address		City	State	ZIP Code
Position Held	From	To	Starting Salary/Ending Salary	
Reason for Leaving			Supervisor	

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	Starting Salary/Ending Salary
Reason for Leaving		Supervisor	

MILITARY STATUS

Have You Served in the U.S. Armed Services?	Branch	Start Date	End Date
Yes No			
Rank/Rate at Discharge	Type of Service	Type of Discharge	
Special Training/Experience Received in the U.S. Armed Services		Draft Status Reserve Status	

CRIMINAL HISTORY

Have you ever been <i>found guilty</i> of a felony or misdemeanor? Check One: Yes No
Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants) Check One: Yes No
Are you currently on probation or parole? Check One: Yes No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

REFERENCES (Preferably non-family):

Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship

APPLICANT STATEMENT

(Read and Sign Below)

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I understand that before I could be offered a position, I would be required to activate the Authorization for Criminal Records Verification through One Source. I understand that this employment application is not valid without my signature.

Print Name	
Signature	Date