APPLICATION FOR EMPLOYMENT

Date:_____

Position Desired:_____   [ ] Part Time   [ ]Full time   Phone:_____

Name_____

      (Print)   Last   First   Middle

DOB:_____   SS#:_____   DL#:_____

Present
Address:_____   How long have you lived here?

      _____   _____
      Street & Number   City   State   Zip   Years / Months

Previous
Address:_____   How long did you live here?

      _____   _____
      Street & Number   City   State   Zip   Years / Months

Have you ever worked for this company before? [ ] Yes   [ ] No If yes, please give the dates and position(s) held:_____

Have you ever pled guilty or "*no contest*" to, or even convicted of a serious misdemeanor or felony (convictions for marijuana related offenses that are more than 2 years old need not be listed).[] Yes []No   If yes, please give the date(s) and details:
_____
_____

Have you ever been arrested for any matters which you currently are out of bail or on your own recognizance pending trial? [ ] Yes   [ ] No If yes, please give the date(s) and details:
_____
_____

Note: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as date and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. In answering these questions, do not include the following: (1) minor traffic violations, (2) convictions for which the record has been sealed or expunged, (3)referrals to or participation in any diversion program, (4) marijuana related offenses that occurred over two years ago.

Record of Previous Employment
Please list the names of your present and precious employers in chronological order with the present, or most recent employer first. Be sure to account for ALL periods of time including military services and any periods of unemployment. IF self-employed, give the name of the firm or business and supply business references. Use additional pages if needed.

Present or Most Recent Employer	From (mo/yr)	Pay: Start: $	Position or Tittle	Reason for leaving
Name of Company or Firm				
Address	To (mo/yr)			
City, State, Zip Code		Final $	Name & Tittle of Last Supervisor	
Are Code and Telephone				
Previous Employer	From (mo/yr)	Pay: Start: $	Position or Tittle	Reason for leaving
Name of Company or Firm				
Address	To (mo/yr)			
City, State, Zip Code		Final $	Name & Tittle of Last Supervisor	
Are Code and Telephone				
Previous Employer	From (mo/yr)	Pay: Start: $	Position or Tittle	Reason for leaving
Name of Company or Firm				
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City, State, Zip Code		Final $	Name & Tittle of Last Supervisor	
Are Code and Telephone				
Previous Employer	From (mo/yr)	Pay: Start: $	Position or Tittle	Reason for leaving
Name of Company or Firm				
Address	To (mo/yr)			
City, State, Zip Code		Final $	Name & Tittle of Last Supervisor	
Are Code and Telephone				

Have you ever been terminated or asked to resign from any job? [ ] Yes   [ ] No If yes, please explain circumstances: _____
_____

May we contact your current employer? [ ] Yes   [ ] No If No, Please explain: _____
_____
Please indicate any actual experience, special training, or qualifications that you have that you feel relevant to the position for which your are applying: _____
_____
_____

Have you ever used another name? ? [ ] Yes   [ ] No If so, what other names? _____
_____

Is any additional information relative to any change of names, use of an assumed name, or nickname necessary to enable a check on your work or educational records? [ ] Yes   [ ] No

If yes, please explain: _____
_____
_____

If hired, can you provide proof that you are authorized to work in the United States on an unrestricted basis? [ ] Yes   [ ] No

If hired, can you provide proof that you are over 18 years of age? [ ] Yes   [ ] No

If hired, do you have you own transportation? [ ] Yes   [ ] No

Are you capable of satisfactorily performing the essential job duties of the position, with or without reasonable accommodation, for which you are applying? [ ] Yes   [ ] No

Do you have adequate transportation to and from work? [ ] Yes   [ ] No

Education

School Name	Years Completed (Circle One)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade/Correspondence:				
Other:				

Personal References:
Please list at least three persons who know you well not previous employers or relatives.

Name	Relationship	Telephone Number	Years Known

I certify that all this information that I provided on this application is true and accurate.

_____   _____

       Date   Signature of Applicant