

| FOR OFFICE USE ONLY     |                    |
|-------------------------|--------------------|
| Possible Work Locations | Possible Positions |
|                         |                    |
|                         |                    |

# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

| FOR OFFICE USE ONLY |      |
|---------------------|------|
| Work Location       | Rate |
| Position            | Date |
|                     |      |
|                     |      |

## PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last    First    Middle

Present address \_\_\_\_\_ Telephone No. \_\_\_\_\_

No.    Street    City    State    Zip

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, verification will be required.)

Are you of the legal age to work? \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 19\_\_\_\_\_

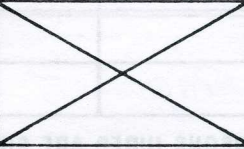
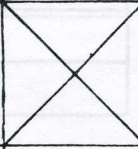
Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

## RECORD OF EDUCATION

| School          | Name and Address of School | Course of Study  | Check Last Year Completed |   |   |   | Did You Graduate?   | List Diploma or Degree  |
|-----------------|----------------------------|--|---------------------------|---|---|---|---|---|
|                 |                            |  | 5                         | 6 | 7 | 8 |   |   |
| Elementary      |                            |  | 5                         | 6 | 7 | 8 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
|                 |                            |  |                           |   |   |   |   |   |
|                 |                            |  |                           |   |   |   |   |   |
| High            |                            |  | 1                         | 2 | 3 | 4 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|                 |                            |  |                           |   |   |   |   |   |
|                 |                            |  |                           |   |   |   |   |   |
| College         |                            |  | 1                         | 2 | 3 | 4 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|                 |                            |  |                           |   |   |   |   |   |
|                 |                            |  |                           |   |   |   |   |   |
| Other (Specify) |                            |  | 1                         | 2 | 3 | 4 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|                 |                            |  |                           |   |   |   |   |   |
|                 |                            |  |                           |   |   |   |   |   |

