

# SAMPLE JOB APPLICATION

*PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

| Name and Address                                                                                                               |                               |                                        |                               |                                        |                               |                                             |                               |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|-------------------------------|----------------------------------------|-------------------------------|---------------------------------------------|-------------------------------|
| Name (First, MI, Last)                                                                                                         |                               |                                        |                               | Social Security Number                 |                               |                                             |                               |
| Mailing Address                                                                                                                |                               |                                        |                               |                                        |                               |                                             |                               |
| City, State, and Zip Code                                                                                                      |                               |                                        |                               |                                        |                               |                                             |                               |
| Telephone                                                                                                                      |                               |                                        |                               | Alternate Phone                        |                               |                                             |                               |
| If under 18, please list age                                                                                                   |                               |                                        |                               | Email                                  |                               |                                             |                               |
| Job Type                                                                                                                       |                               |                                        |                               |                                        |                               |                                             |                               |
| Days/hours available to work                                                                                                   |                               |                                        |                               |                                        |                               |                                             |                               |
| <input type="checkbox"/> I have no preference.                                                                                 | <input type="checkbox"/> Mon. | <input type="checkbox"/> Tues.         | <input type="checkbox"/> Wed. | <input type="checkbox"/> Thurs.        | <input type="checkbox"/> Fri. | <input type="checkbox"/> Sat.               | <input type="checkbox"/> Sun. |
| I am seeking a:                                                                                                                |                               | <input type="checkbox"/> Full-time job |                               | <input type="checkbox"/> Part-time job |                               | <input type="checkbox"/> Full- or Part-time |                               |
| How many hours can you work weekly?                                                                                            |                               |                                        |                               | Can you work nights?                   |                               | Date available to begin                     |                               |
| Additional Information                                                                                                         |                               |                                        |                               |                                        |                               |                                             |                               |
| Have you ever been employed by this organization in the past?                                                                  |                               |                                        |                               |                                        |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. |                               |                                        |                               |                                        |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?              |                               |                                        |                               |                                        |                               | <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| If Yes, please explain:                                                                                                        |                               |                                        |                               |                                        |                               |                                             |                               |
| Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |                               |                                        |                               | Driver's license number                |                               | Issued in what state?                       |                               |
| Have you had any accidents during the past three years?                                                                        |                               |                                        |                               |                                        |                               | How many?                                   |                               |
| Have you had any moving violations during the past three years?                                                                |                               |                                        |                               |                                        |                               | How many?                                   |                               |

| Education                                   |                              |                             |                |                   |
|---------------------------------------------|------------------------------|-----------------------------|----------------|-------------------|
| School                                      | Location (mailing address)   | Years Completed             | Major          | Degree or Diploma |
| <b>High School</b>                          |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
| <b>College or Business/Trade School</b>     |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
|                                             |                              |                             |                |                   |
| <b>Military</b>                             |                              |                             |                |                   |
| Have you even been in the Armed Forces?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date entered   |                   |
| Are you now a member of the National Guard? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Discharge date |                   |
| Specialty                                   |                              |                             |                |                   |

### Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

|                                  |                         |                 |
|----------------------------------|-------------------------|-----------------|
| Company                          | Name of last supervisor | Hrs/week        |
| Address                          | Start Date              | Starting Salary |
| City, State, and Zip Code        | End Date                | Final Salary    |
| Phone number                     | Your last job title     |                 |
| Reason for leaving (be specific) |                         |                 |

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?     Yes     No

|                                  |                         |                 |
|----------------------------------|-------------------------|-----------------|
| Company                          | Name of last supervisor | Hrs/week        |
| Address                          | Start Date              | Starting Salary |
| City, State, and Zip Code        | End Date                | Final Salary    |
| Phone number                     | Your last job title     |                 |
| Reason for leaving (be specific) |                         |                 |

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?     Yes     No

**Work Experience (continued)**

|                                                                                                                                |                         |                 |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------|
| Company                                                                                                                        | Name of last supervisor | Hrs/week        |
| Address                                                                                                                        | Start Date              | Starting Salary |
| City, State, and Zip Code                                                                                                      | End Date                | Final Salary    |
| Phone number                                                                                                                   | Your last job title     |                 |
| Reason for leaving (be specific)                                                                                               |                         |                 |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                         |                 |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |                         |                 |

**References**

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

3.

4.

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Signature

Date