

EMPLOYMENT APPLICATION FORM

| | | | |
|--|-----------------------|-------------------|---------------------------|
| Position applied for: | | Date: | |
| Name: | | Last name: | |
| Address: | | | |
| Number | Street | City | Postal Code |
| Telephone: | | ID No.: | |
| Email: | | | |
| When available for work? | | | |
| Are you currently self employed and have your own fulltime business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Married <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Married, How Long? _____ <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | |
| EDUCATION & OTHER INFORMATION | | | |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | MAJOR & DEGREE |
| High School | | | |
| | | | |
| College | | | |
| | | | |
| Univercity | | | |
| | | | |

Have you ever been convicted of a crime? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Do you have a driver's license? Yes No

What is your means of transportation to work?

Please list two references other than relatives or previous employers.

| | |
|------------|------------|
| Name: | Name: |
| Position: | Position: |
| Company: | Company: |
| Address: | Address: |
| Telephone: | Telephone: |

Work Experience Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Job One

| | | |
|----------------------|-----------------------------------|--------|
| Name of Employer: | Employment Dates | Salary |
| Address: | From: | Start: |
| Phone Number: | To: | Final: |
| Your Last Job Title: | Reason for Leaving (be specific): | |

Job Two

| | | |
|----------------------|-----------------------------------|--------|
| Name of Employer: | Employment Dates | Salary |
| Address: | From: | Start: |
| Phone Number: | To: | Final: |
| Your Last Job Title: | Reason for Leaving (be specific): | |

Job Three

| | | |
|----------------------|-----------------------------------|--------|
| Name of Employer: | Employment Dates | Salary |
| Complete Address: | From: | Start: |
| Phone Number: | To: | Final: |
| Your Last Job Title: | Reason for Leaving (be specific): | |

May we contact your present employers? Yes No

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature of Applicant

Date:

Thank you for completing this application form and for your interest in our business.