



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex religion, disability or national origin.

Date / /

Employment Desired

| | | | |
|----------|--------------------|----------------|---|
| Position | Date You Can Start | Salary Desired | Type of Employment Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> |
|----------|--------------------|----------------|---|

Are you employed now? YES NO If so may we contact your present employer? YES NO

| | | |
|---|--------|-------|
| Have you ever applied to this company before? YES <input type="checkbox"/> NO <input type="checkbox"/> | Where? | When? |
|---|--------|-------|

Personal Information

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

Address (number, Street, City, State, Zip Code)

| | | |
|------------------------|-----------------------|-------------|
| Social Security Number | Home Telephone Number | Referred By |
|------------------------|-----------------------|-------------|

Education

| | | | |
|--|------------------------|--|--------|
| High School Attended and Location | No. of Years Completed | Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| College Attended and Location | No. of Years Completed | Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree |
| Trade, Business or Correspondence School Attended and Location | No. of Years Completed | Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/> | |

General

Special Courses or Training

Experience/Skills Related to the Position for Which You Are Applying

Office/Secretarial Applications

| Skill/Aptitude | Years of Experience | Words Per Minute | Software Used (in Word Processing) |
|-----------------|---------------------|------------------|------------------------------------|
| Typing | | | |
| Shorthand | | | |
| Word Processing | | | |

List secretarial training courses completed and any other training which may be helpful in considering your application.

Employment History (list Present or Most Recent Positions First)

| | | | |
|------------------|------------------|---|---------------|
| Name of Employer | | Address (Number, Street, City, State, Zip Code) | |
| Phone | Type of Business | Department | Your Position |

Duties

Name and Position of Immediate Supervisor

| | | | |
|----------------------------------|------------------------------|-----------------|--------------|
| Date Employed (Day, Month, Year) | Date Left (Day, Month, Year) | Starting Salary | Final Salary |
|----------------------------------|------------------------------|-----------------|--------------|

Reason for Leaving

| | | | |
|------------------|------------------|---|---------------|
| Name of Employer | | Address (Number, Street, City, State, Zip Code) | |
| Phone | Type of Business | Department | Your Position |

Duties

Name and Position of Immediate Supervisor

| | | | |
|----------------------------------|------------------------------|-----------------|--------------|
| Date Employed (Day, Month, Year) | Date Left (Day, Month, Year) | Starting Salary | Final Salary |
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Reason for Leaving

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Duties

Name and Position of Immediate Supervisor

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Reason for Leaving

| | | | |
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| Date Employed (Day, Month, Year) | Date Left (Day, Month, Year) | Starting Salary | Final Salary |
|----------------------------------|------------------------------|-----------------|--------------|

Reason for Leaving

State any additional information you feel may be helpful to us in considering your application.

Other Experience

In this section, list any job experience not listed above that most directly relates to the job for which you are now applying.

| | | | |
|------------------|------------------|---|---------------|
| Name of Employer | | Address (Number, Street, City, State, Zip Code) | |
| Phone | Type of Business | Department | Your Position |

Duties

Name and Position of Immediate Supervisor

| | | | |
|----------------------------------|------------------------------|-----------------|--------------|
| Date Employed (Day, Month, Year) | Date Left (Day, Month, Year) | Starting Salary | Final Salary |
|----------------------------------|------------------------------|-----------------|--------------|

Reason for Leaving

I certify that the information provided is true and correct. Signature _____