



## EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you graduate?	GPA	Course or Major
College				
Technical School				
High School				
Other				

## LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

Company Name		Dates Worked		Position(s) Held	
		From	To		
Address, City, State, Zip					
Phone Number		Duties/Responsibilities			
Type of Business					
Name of Supervisor		Reason For Leaving			
May we contact employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Starting Wage	Ending/Current Wage	<input type="checkbox"/> Bonus	Amount Received	Work Hours	
Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	<input type="checkbox"/> Incentives	\$		
Company Name		Dates Worked		Position(s) Held	
		From	To		
Address, City, State, Zip					
Phone Number		Duties/Responsibilities			
Type of Business					
Name of Supervisor		Reason For Leaving			
May we contact employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Starting Wage	Ending Wage	<input type="checkbox"/> Bonus	Amount Received	Work Hours	
Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	<input type="checkbox"/> Incentives	\$		
Company Name		Dates Worked		Position(s) Held	
		From	To		
Address, City, State, Zip					
Phone Number		Duties/Responsibilities			
Type of Business					
Name of Supervisor		Reason For Leaving			
May we contact employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Starting Wage	Ending Wage	<input type="checkbox"/> Bonus	Amount Received	Work Hours	
Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	<input type="checkbox"/> Incentives	\$		

## WORK REFERENCES

Name	Years Known	Relationship and Title	
Company			
Work Address                      City	State	Home Phone	Work Phone
Name	Years Known	Relationship and Title	
Company			
Work Address                      City	State	Home Phone	Work Phone
Name	Years Known	Relationship and Title	
Company			
Work Address                      City	State	Home Phone	Work Phone
Name	Years Known	Relationship and Title	
Company			
Work Address                      City	State	Home Phone	Work Phone

## SPECIAL SKILLS

Plases check the skills for which you have received training:

- Word Processing (WPM\_\_\_\_\_ )   
  Data Entry   
  10-Key Calculator
- Software Packages: \_\_\_\_\_
- Programming Languages: \_\_\_\_\_
- Database: \_\_\_\_\_
- Manufacturing Equipment: \_\_\_\_\_
- Other: \_\_\_\_\_
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## **APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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Applicant Signature

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Date