

EMPLOYMENT APPLICATION

PERSONAL DATA

Name _____ Social Security No. _____ - _____ - _____

Present Address _____
Street City State Zip

Telephone No. Home _____ Cell _____ Work _____

Previous Address _____
Street City State Zip

Position applied for _____ Date available for employment ____/____/____

Salary Desired _____ Would you accept another position? _____ yes _____ no

Are you willing to work: Yes No Indicate applicable work skills:

Overtime (over 40 hrs/wk) _____ Typing _____ WPM

On Call _____ Shorthand _____ WPM

Rotating Shifts _____ Keypunch _____ SPH

Nights _____ Word processor _____ (system)

Weekends (Sat/Sun) _____ Transcription _____ yes _____ no

Holidays _____ Other job-related skills _____

Travel _____

Are you applying for _____ full time _____ part time _____ temporary

How were you referred to this organization? _____

Do you have any relatives working for this organization? yes no If yes, relationship _____

Name _____ Department _____

Have you ever been employed by this organization? yes no If yes, position _____

Department _____ from ____/____/____ to ____/____/____

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? _____ yes _____ no

Are you older than 18? _____ yes _____ no

Do you have any physical defects or impediments which might, in any way, hinder your ability to perform the job for which you have applied? _____ yes _____ no If yes, please explain _____

Since reaching age 18, have you ever been convicted of a misdemeanor or felony? (Note: Convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for.) _____ yes _____ no

If yes, please explain _____

Military services? _____ yes _____ no If yes, from ____/____/____ to ____/____/____

Branch of service _____ Highest rank obtained _____

In an emergency, notify: Name _____ Telephone No. _____

Address _____
Street City State Zip

EDUCATION

School: Name and Address	Course of study	Circle last year completed	Did You Graduate?	Diploma / Degree
High School		1 2 3 4	YES / NO	
College		1 2 3 4	YES / NO	
College		1 2 3 4	YES / NO	
Technical, Business or Professional		1 2 3 4	YES / NO	

Professional licenses/certifications

Type	State	Exp. Date	Registration No.

