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## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY AND DRUG-FREE WORKPLACE EMPLOYER

Applicants will be considered without regard to race, color, religion, sex, national origin, age, marital status, disability, veteran or other protected status.

#### GENERAL INFORMATION

NAME		SOCIAL SECURITY NUMBER	
ADDRESS			
(STREET)	(CITY)	(STATE)	(ZIP CODE)
HOME PHONE NUMBER		BUSINESS PHONE NUMBER	
ALTERNATE CONTACT NUMBER:		EMAIL:	
IF OFFERED EMPLOYMENT, CAN YOU SHOW PROOF OF U.S. CITIZENSHIP, OR IF A NON-CITIZEN, THAT YOU ARE LEGALLY ENTITLED TO <b>PERMANENTLY</b> WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLEADED NO CONTEST, OR HAD ADJUDICATION WITHHELD IN A CRIMINAL MATTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE A VALID STATE DRIVER'S LICENSE?		IF YES, WHAT STATE?	
HAVE YOU RECEIVED ANY MOVING VIOLATIONS IN THE PAST 5 YEARS? PLEASE EXPLAIN:			

#### JOB INTEREST

POSITION DESIRED	WHEN COULD YOU START?	MONTHLY OR HOURLY SALARY DESIRED \$
TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		HAVE YOU APPLIED TO US PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ANY COMPUTER SOFTWARE PACKAGES, ENGINEERING OR CAD PROGRAMS, OR OFFICE EQUIPMENT IN WHICH YOU HAVE EXPERIENCE		

#### EDUCATION

NAME OF SCHOOL AND LOCATION	MAJOR COURSE OF STUDY	DID YOU GRADUATE	DEGREE
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY		<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST ANY PROFESSIONAL OR TECHNICAL REGISTRATIONS, LICENSES OR CERTIFICATES YOU HAVE, INCLUDING TYPE, DATE AND STATE OF ISSUE			
LIST ANY PROFESSIONAL OR TECHNICAL MEMBERSHIPS			

**EMPLOYMENT EXPERIENCE** LIST EMPLOYMENT DURING **THE LAST 4 YEARS** BEGINNING WITH MOST RECENT EMPLOYER.

FROM MO.      YR.	TO MO.      YR.	MOST RECENT POSITION	SALARY \$	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF EMPLOYER		TYPE OF BUSINESS	SUPERVISOR'S NAME	SUPERVISOR'S TITLE
ADDRESS		BUSINESS PHONE	REASON FOR LEAVING	
GIVE DETAILS OF RESPONSIBILITIES, DUTIES, AND ACCOMPLISHMENTS				

FROM MO.      YR.	TO MO.      YR.	MOST RECENT POSITION	SALARY \$	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF EMPLOYER		TYPE OF BUSINESS	SUPERVISOR'S NAME	SUPERVISOR'S TITLE
ADDRESS		BUSINESS PHONE	REASON FOR LEAVING	
GIVE DETAILS OF RESPONSIBILITIES, DUTIES, AND ACCOMPLISHMENTS				

FROM MO.      YR.	TO MO.      YR.	MOST RECENT POSITION	SALARY \$	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF EMPLOYER		TYPE OF BUSINESS	SUPERVISOR'S NAME	SUPERVISOR'S TITLE
ADDRESS		BUSINESS PHONE	REASON FOR LEAVING	
GIVE DETAILS OF RESPONSIBILITIES, DUTIES, AND ACCOMPLISHMENTS				

**ACTIVITIES, SPECIAL SKILLS AND QUALIFICATIONS**

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES OR OFFICES HELD and ANY SPECIAL JOB-RELATED SKILLS OR QUALIFICATIONS

**REFERENCES**

PROVIDE NAMES, ADDRESSES AND TELEPHONE NUMBERS FOR TWO REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS

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