



Check time willing to work:

Circle days of the week you are willing to work:

Days  Evenings No of days per week \_\_\_\_\_

Mon Tues Wed Thurs Fri

Full-time  Part-time Hrs per week \_\_\_\_\_

Do you have any benefit needs?  Yes  No

Do you need to give notice to current employer?  Yes  No If yes, length of notice: \_\_\_\_\_

Salary Requirements: \_\_\_\_\_

Do you smoke?  Yes  No

**Previous Employment**

List present, or most recent position first. May we contact your present employer?  Yes  No

1.

Name of employer	Your last name while employed	
Address	Telephone Number ( )	
Position		
Description of your job duties:		
Dates of employment		
Date Hired	Date of separation	Length of employment ____Yrs ____Months
Earnings		
Salary when hired \$ _____	Salary at separation \$ _____	
Supervisor's name	Title	Telephone Number ( )
Reason for Leaving		

2.

Name of employer	Your last name while employed	
Address	Telephone Number ( )	
Position		
Description of your job duties:		
Dates of employment		
Date Hired	Date of separation	Length of employment ____Yrs ____Months
Earnings		
Salary when hired \$ _____	Salary at separation \$ _____	
Supervisor's name	Title	Telephone Number ( )
Reason for Leaving		

3.

Name of employer	Your last name while employed	
Address	Telephone Number ( )	
Position		
Description of your job duties:		
Dates of employment		
Date Hired	Date of separation	Length of employment ____Yrs ____Months
Earnings		
Salary when hired \$ _____	Salary at separation \$ _____	
Supervisor's name	Title	Telephone Number ( )
Reason for Leaving		

May we contact all past employers? Yes No If no, who and why? \_\_\_\_\_  
\_\_\_\_\_

In addition to your work experience, what other experiences, skills, qualifications do you feel would especially prepare you to work in our office? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or crime? Yes No  
If so when and why? \_\_\_\_\_

I understand that the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal if hired.  
Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_