



EMPLOYEE APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address							
Name (First, MI, Last)				Referred By			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
Email Address							
Job Type							
Days/hours available to work							
<input type="checkbox"/> Any	<input type="checkbox"/> Mon. AM/PM	<input type="checkbox"/> Tues. AM/PM	<input type="checkbox"/> Wed. AM/PM	<input type="checkbox"/> Thurs. AM/PM	<input type="checkbox"/> Fri. AM/PM	<input type="checkbox"/> Sat. AM/PM	<input type="checkbox"/> Sun. AM/PM
I am seeking a: <input type="checkbox"/> Full time job <input type="checkbox"/> Part time job <input type="checkbox"/> Full or part time job							
Position Applying for:				How many hours can you work weekly?		Date available to begin:	
Are you a licensed technician? <input type="checkbox"/> Yes <input type="checkbox"/> No				Can you work nights, weekends & holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No		Minimum Salary Requirement:	
Additional Information							
Are you legally eligible for work in the United States?						Yes	No
Have you ever been convicted of a crime? Answering yes to the question does not constitute an automatic rejection of employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken under consideration.						Yes	No
If yes, please explain:							

Education				
School	Location (mailing address) & Phone number	Years Completed	Major	Degree or Diploma
High School				
College or Business/Trade School				
Graduate School				
Military				
Have you even been in the Armed Forces?	Yes	No	Date entered	
Are you now a member of the Armed Forces or National Guard?	Yes	No	Discharge date	
Specialty				

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

1. Company	Name of last supervisor	Hrs/week
Address	Start Date	
City, State, and Zip Code	End Date	
Phone number	Your last job title	
Reason for leaving (please be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Company	Name of last supervisor	Hrs/week
Address	Start Date	
City, State, and Zip Code	End Date	
Phone number	Your last job title	
Reason for leaving (please be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Work Experience (continued)

3. Company	Name of last supervisor	Hrs/week
Address	Start Date	
City, State, and Zip Code	End Date	
Phone number	Your last job title	
Reason for leaving (please be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Please attach a current resume</i>		
Professional References		
<i>Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and personal friends.</i>		
1.		
2.		
3.		
<i>I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.</i>		
Signature	Date	