

Equal Opportunity Employer

Application for Employment

PERSONAL INFORMATION

NAME

CURRENT ADDRESS

Street

City

State

Zip

HOME PHONE

WORK PHONE

CELL PHONE

POSITION FOR WHICH YOU ARE APPLYING

AVAILABILITY: FULL TIME PART TIME TEMP. DATE AVAILABLE TO START

REFERRED BY: NEWSPAPER AGENCY FRIEND/RELATIVE OTHER:

DO YOU HAVE ANY RELATIVES WORKING HERE? Y N NAME:

EDUCATION

HIGHEST LEVEL COMPLETED:

MAJOR/DEGREE

HIGH SCHOOL NAME & LOCATION

COLLEGE NAME & LOCATION

POST GRADUATE DEGREES

SCHOLASTIC HONORS & PROFESSIONAL ORGANIZATIONS

OTHER TRAINING OR CERTIFICATION THAT CONTRIBUTES TO YOUR QUALIFICATIONS

EXPERIENCE

Please list your last three employers, beginning with the most recent. You may submit a résumé to *supplement* information given.

EMPLOYER NAME

ADDRESS

PHONE

SUPERVISOR

REASON FOR LEAVING

DATES EMPLOYED

to

FINAL POSITION

FINAL SALARY

per

DUTIES

EMPLOYER NAME _____

ADDRESS _____

PHONE _____

SUPERVISOR _____

REASON FOR LEAVING _____

DATES EMPLOYED _____

to

FINAL POSITION _____

FINAL SALARY _____

per

DUTIES _____

EMPLOYER NAME _____

ADDRESS _____

PHONE _____

SUPERVISOR _____

REASON FOR LEAVING _____

DATES EMPLOYED _____

to

FINAL POSITION _____

FINAL SALARY _____

per

DUTIES _____

TYPES OF EQUIPMENT AND SOFTWARE WITH WHICH YOU ARE PROFICIENT _____

DECLARATION

Read carefully before signing.

I certify that the information I have provided on this Application for Employment is true and complete. I understand and agree that employment with this company, if offered, may be immediately discontinued if misrepresentation, false statements or material omissions are found to have been made. I hereby authorize educational institutions, former employers and former supervisors to provide any and all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so. I understand that, if employed, the company or I may terminate the employment relationship at any time, with or without cause, with or without notice, and that, if employed, employment does not constitute a contract of employment between myself and the company. If employed, I will abide by and conform to all company policies, rules and procedures as may be in effect from time to time. I understand that this application will become inactive in sixty days unless reactivated by me in person or in writing. I understand that, upon request, I will be provided a copy of my signed Application for Employment. I have read the above, understand its content and meaning, and agree to all of its provisions.

APPLICANT'S SIGNATURE

DATE