

# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex religion, disability or national origin.

Date / /

## Employment Desired

|   |                    |                |   |
|---|--------------------|----------------|---|
| Position  | Date You Can Start | Salary Desired | Type of Employment<br>Full-time <input type="checkbox"/> Summer <input type="checkbox"/><br>Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> |
| Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/> If so may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                |   |
| Have you ever applied to this company before?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | Where?             | When?          |   |

## Personal Information

|   |                       |             |
|---|-----------------------|-------------|
| Last Name                                       | First Name            | Middle Name |
| Address (number, Street, City, State, Zip Code) |                       |             |
| Social Security Number                          | Home Telephone Number | Referred By |

## Education

|  |                        |  |        |
|--|------------------------|--|--------|
| High School Attended and Location                              | No. of Years Completed | Did you graduate<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |        |
| College Attended and Location                                  | No. of Years Completed | Did you graduate<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree |
| Trade, Business or Correspondence School Attended and Location | No. of Years Completed | Did you graduate<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |        |

## General

Special Courses or Training

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Experience/Skills Related to the Position for Which You Are Applying

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## Office/Secretarial Applications

| Skill/Aptitude  | Years of Experience | Words Per Minute | Software Used (in Word Processing) |
|-----------------|---------------------|------------------|------------------------------------|
| Typing          |                     |                  |                                    |
| Shorthand       |                     |                  |                                    |
| Word Processing |                     |                  |                                    |

List secretarial training courses completed and any other training which may be helpful in considering your application.

E-166 (1192)



~Putting the FUN into Fundamentals!

## Employment History (list Present or Most Recent Positions First)

|                  |                  |   |               |
|------------------|------------------|---|---------------|
| Name of Employer |                  | Address (Number, Street, City, State, Zip Code) |               |
| Phone            | Type of Business | Department                                      | Your Position |

Duties

Name and Position of Immediate Supervisor

|                                  |                              |                 |              |
|----------------------------------|------------------------------|-----------------|--------------|
| Date Employed (Day, Month, Year) | Date Left (Day, Month, Year) | Starting Salary | Final Salary |
|----------------------------------|------------------------------|-----------------|--------------|

Reason for Leaving

|                  |                  |   |               |
|------------------|------------------|---|---------------|
| Name of Employer |                  | Address (Number, Street, City, State, Zip Code) |               |
| Phone            | Type of Business | Department                                      | Your Position |

Duties

Name and Position of Immediate Supervisor

|                                  |                              |                 |              |
|----------------------------------|------------------------------|-----------------|--------------|
| Date Employed (Day, Month, Year) | Date Left (Day, Month, Year) | Starting Salary | Final Salary |
|----------------------------------|------------------------------|-----------------|--------------|

Reason for Leaving

|                  |                  |   |               |
|------------------|------------------|---|---------------|
| Name of Employer |                  | Address (Number, Street, City, State, Zip Code) |               |
| Phone            | Type of Business | Department                                      | Your Position |

Duties

Name and Position of Immediate Supervisor

|                                  |                              |                 |              |
|----------------------------------|------------------------------|-----------------|--------------|
| Date Employed (Day, Month, Year) | Date Left (Day, Month, Year) | Starting Salary | Final Salary |
|----------------------------------|------------------------------|-----------------|--------------|

Reason for Leaving

State any additional information you feel may be helpful to us in considering your application.

## Other Experience

In this section, list any job experience not listed above that most directly relates to the job for which you are now applying.

|                  |                  |   |               |
|------------------|------------------|---|---------------|
| Name of Employer |                  | Address (Number, Street, City, State, Zip Code) |               |
| Phone            | Type of Business | Department                                      | Your Position |

Duties

Name and Position of Immediate Supervisor

|                                  |                              |                 |              |
|----------------------------------|------------------------------|-----------------|--------------|
| Date Employed (Day, Month, Year) | Date Left (Day, Month, Year) | Starting Salary | Final Salary |
|----------------------------------|------------------------------|-----------------|--------------|

Reason for Leaving

I certify that the information

provided is true and correct.

Signature



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