## **Employment Application**

(Use tab key, not enter key)

| ✓ Please complete this application by typ                              | ing or printing in ink. INCO   | MPLETE or UNSIG       | NED applications wi     | Il not be considered. |  |  |  |  |  |
|--|--------------------------------|-----------------------|-------------------------|-----------------------|--|--|--|--|--|
| ✓ We are an equal opportunity employer. marital status, or disability. | We do not discriminate on      | the basis of race, I  | religion, color, sex, a | ge, national origin,  |  |  |  |  |  |
| ✓ Do you need an accommodation to part                                 | ticinate in the annlication or | interview process     | 2 □ Vas □ No            |                       |  |  |  |  |  |
| bo you need an accommodation to part                                   | пограсе ит ите аррисацои от    | interview process     | :   res   No            |                       |  |  |  |  |  |
| Employer   |                                | Job Order # Job Title |                         |                       |  |  |  |  |  |
|  |                                |                       |                         |                       |  |  |  |  |  |
| PERSONAL DATA  |                                |                       |                         |                       |  |  |  |  |  |
| Name   |                                |                       |                         |                       |  |  |  |  |  |
| Present Address  | City                           |                       | State                   | Zip                   |  |  |  |  |  |
| Phone ( ) - Message Pho  | one <u>( ) - </u>              | E-Mail Address        | S                       |                       |  |  |  |  |  |
| Driver's License: Operator  CDL [                                      | CDL Type                       | Endorsemer            | nts                     |                       |  |  |  |  |  |
| EDUCATION  |                                |                       |                         |                       |  |  |  |  |  |
| High School Diploma or GED?  Yes  Name of school beyond High School    |                                | ary Degree?           |                         |                       |  |  |  |  |  |
| Training Length  | Date (                         | Completed             |                         |                       |  |  |  |  |  |
| Major  | Minor                          | 1.0                   |                         |                       |  |  |  |  |  |
| Apprenticeship Level   | In which tr                    | ade?                  |                         |                       |  |  |  |  |  |
| WORK EXPERIENCE (List most recent work e                               |                                |                       |                         |                       |  |  |  |  |  |
|  | Immediate Supervisor           |                       |                         |                       |  |  |  |  |  |
| Complete Address   | D. Box                         | City                  | State                   | Zip Code              |  |  |  |  |  |
| Job Title  |                                |                       | Phone ( )               |                       |  |  |  |  |  |
| Job Description (duties, skills, equipment us                          |                                |                       |                         |                       |  |  |  |  |  |
|  |                                |                       |                         |                       |  |  |  |  |  |
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|  |                                |                       |                         |                       |  |  |  |  |  |
| Dates: From (mm/yy) / To (m  | nm/yy) / Reas                  | son for leaving       |                         |                       |  |  |  |  |  |

| WORK EXPERIENCE   |                                 |                         |                |               |              |                     |
|---|---------------------------------|-------------------------|----------------|---------------|--------------|---------------------|
| Company Name  |                                 | Immediate               | Supervisor     |               |              |                     |
| Complete Address  |                                 |                         |                |               |              |                     |
| Job Title   | Street / P.O. Box               |                         | City           | Phone (       | State<br>)   | Zip Code<br>-       |
| Job Description (duties, skills, e  |                                 |                         | _              |               | ,            |                     |
| (1.1.1.5, 1.1.1.5)  |                                 |                         |                |               |              |                     |
|   |                                 |                         |                |               |              |                     |
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|   |                                 |                         |                |               |              |                     |
|   |                                 |                         |                |               |              |                     |
| Dates: From (mm/yy) /   | To (mm/yy) /                    | / Reason for            | leaving        |               |              |                     |
|   |                                 | DITIONAL WORK EXPER     |                | EDED.         |              |                     |
| ADDITIONAL INFORMATION THAT   | COULD HELP YOU QUALIF           | Y FOR THIS POSITION     |                |               |              |                     |
| Examples include; classes (inc  |                                 |                         | ecific equipn  | nent and othe | er skills.   |                     |
|   |                                 |                         |                |               |              |                     |
|   |                                 |                         |                |               |              |                     |
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|   |                                 |                         |                |               |              |                     |
|   |                                 |                         |                |               |              |                     |
|   |                                 |                         |                |               |              |                     |
| LIST REFERENCES (preferably p   | ersons who know about           | your work/training)     |                |               |              |                     |
| Name  | Address                         |                         | Ph             | Phone Number  |              |                     |
|   |                                 |                         |                | (             | )            | -                   |
|   |                                 |                         |                | (             | )            | -                   |
|   |                                 |                         |                | (             | )            | -                   |
| The information that you provide consideration for employment or, if present employer?                  | hired, may be grounds for       |                         |                |               |              |                     |
| With my signature below (typed or of my knowledge and contains no whey may have about me and I release. | villful falsifications or misre | presentations. I author | ize all former | employers to  | release job- | related information |
| Signature:  |                                 |                         | Da             | ite:          |              |                     |
| <del></del>   |                                 |                         |                | -             | _            |                     |

