



OFFICE USE ONLY:  
Date Received: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_

### EMPLOYMENT APPLICATION FORM

Please print all information requested except signature

NAME: \_\_\_\_\_  
*Last First Middle*

ADDRESS: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

TELEPHONE NUMBER: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

ARE YOU OVER 18 YEARS OLD? YES  NO  DATE OF BIRTH: \_\_\_\_\_

ARE YOU A CITIZEN AUTHORIZED TO WORK IN THE U.S.? YES  NO

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

TYPE: OPERATOR:  CLASS B  CLASS A

HAVE YOU EVER BEEN CONVICTED OF A FELONY: YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ SALARY REQUIRMENT: \_\_\_\_\_

ARE YOU WILLING TO WORK OVERTIME AS REQUIRED? YES  NO

ARE THERE ANY HOURS, SHIFTS OR DAYS YOU CANNOT OR WILL NOT WORK? YES  NO

IF YES, PLEASE LIST: \_\_\_\_\_

WHEN ARE YOU AVAILABLE TO START WORK? \_\_\_\_\_

HOW DID YOU LEARN OF THIS OPENING? \_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	YEARS COMPLETE	MAJOR AND/OR DEGREE
HIGH SCHOOL				
COLLEGE				
BUS OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				

**EMPLOYMENT HISTORY**

PLEASE LIST THE JOBS YOU HAVE HELD OVER THE LAST 10 YEARS BEGINNING WITH YOUR CURRENT POSITION OR MOST RECENT JOB HELD. IF YOU WERE SELF-EMPLOYED, PLEASE INDICATE THIS. ATTACH ADDITIONAL SHEETS IF NECESSARY. (IF THIS INFORMATION IS INCLUDED ON YOUR RESUME, PLEASE INDICATE AND SKIP TO THE NEXT SECTION.)

EMPLOYER	MOST RECENT SUPERVISOR	DATES OF EMPLOYMENT	SALARY OR HOURLY WAGE RATE
ADDRESS:			
PHONE NUMBER:		REASON FOR LEAVING:	
DESCRIBE YOUR POSITION. LIST DUTIES PERFORMED, SPECIFIC SKILLS REQUIRED, ADVANCEMENTS OR PROMOTIONS:			
EMPLOYER	MOST RECENT SUPERVISOR	DATES OF EMPLOYMENT	SALARY OR HOURLY WAGE RATE
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EMPLOYER		MOST RECENT SUPERVISOR		DATES OF EMPLOYMENT		SALARY OR HOURLY WAGE RATE	
ADDRESS:							
PHONE NUMBER:				REASON FOR LEAVING:			
DESCRIBE YOUR POSITION. LIST DUTIES PERFORMED, SPECIFIC SKILLS REQUIRED, ADVANCEMENTS OR PROMOTIONS:							

**REFERENCES:**

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_