



## Application for Employment

Name and Address	
Name (First, MI, Last)	Social Security Number
Mailing Address	
City, State, and Zip Code	
Telephone	Alternate Phone
Email	

Job Type							
Days/hours available to work							
<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I'm seeking a:	<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full or Part-time		
How many hours can you work weekly?				Can you work nights?		Date available to begin?	

Additional Information		
Have you ever been employed by this organization in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



**Additional Information (cont.)**

If Yes, please explain.

Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number	Issued in what state?
Have you had any accidents during the past three years?		How many?
Have you had any moving violations during the past three years?		How many?

**Education**

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
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**High School**

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**College or Business/Trade School**


**Military**

Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharged date

Specialty



## Work Experience

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

Company	Name of Last Supervisor	Hrs/week
Address		Start Date
City, State, and Zip Code		End Date
Phone Number	Job Title	
Reason for leaving (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		

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May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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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		

### References

*Please include name, phone number, and circumstances of your acquaintance.*

1.

2.

3.

***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.***

Signature

Date

Send completed applications to:  
apply@defyingao.com or Fax: (717) 500-2927