

Check time willing to work:

- Days Nights # of days per week _____
 Overtime occasionally if necessary
 Full-time Part-time Hours per week _____

If offered employment, when can you start?

Have you given notice to your present employer?

- YES NO

Have you ever been bonded? YES NO

Do you know of any reason why you cannot be bonded? _____

What is your anticipated length of employment? _____

Circle days of the week you will not be available for work

MON TUES WED THURS FRI SAT SUN

Can your future vacations be arranged at the convenience of the office? YES NO

Salary requirement: _____

Do you have any fringe benefit needs? YES NO

Please explain: _____

Do you smoke? YES NO

PREVIOUS EMPLOYMENT

List present, or most recent, position first. Please cover last 10 years of employment. Resume may be substituted for employment history detail. May we contact your present employer? YES NO

Name of Employer		Your last name while employed	
Address		Telephone	
Position			
Description of Job			
Dates of employment		Length of employment _____ Yrs	
Date hired	Date separated	_____ Mos.	
Earnings			
Salary when hired \$	Salary at separation \$		
Reason for leaving			
Supervisors Name		Telephone	

Name of Employer		Your last name while employed	
Address		Telephone	
Position			
Description of Job			
Dates of employment		Length of employment _____ Yrs	
Date hired	Date separated	_____ Mos.	
Earnings			
Salary when hired \$	Salary at separation \$		
Reason for leaving			
Supervisors Name		Telephone	

Name of Employer	Your last name while employed
Address	Telephone
Position	
Description of Job	
Dates of employment Date hired	Date separated Length of employment ____ Yrs ____ Mos.
Earnings Salary when hired \$	Salary at separation \$
Reason for leaving	
Supervisors Name	Telephone

Name of Employer	Your last name while employed
Address	Telephone
Position	
Description of Job	
Dates of employment Date hired	Date separated Length of employment ____ Yrs ____ Mos.
Earnings Salary when hired \$	Salary at separation \$
Reason for leaving	
Supervisors Name	Telephone

In addition to your work experience, what other experiences, skills, qualifications would especially prepare you to work in our office? _____

We recognize your right to terminate your employment, at will, whenever you choose for any reason. This office reserves to itself the same right.

I understand the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal if hired.

Signature of Applicant: _____
 Date: _____

Complete the following information.

1. Please state which of your previous positions you enjoyed the most and explain why.
2. Please state which of your previous positions you enjoyed the least and explain why.
3. Briefly describe your short-term (1-year) employment goals.
4. Briefly describe your long-term (5-year) employment goals.

CONSENT TO CHECK REFERENCES FORM

We will check your references before hiring. To do this we may contact persons whose names you have supplied. In addition, we may also speak with friends, ex co-workers, business associates and others. We may ask questions that touch on your personal background, your education, your work performance, your personality and your character.

If we use an outside firm to check your credit and decline to hire you on the basis of that report, we are required (under the Federal Fair Credit Reporting Act) to provide you with the name and address of the firm that provided the report.

I have read and fully understand the above. I give permission to _____
or any persons designated by _____ to check my references as
described above, including the asking of any questions about my personal background, my education,
my work performance, my personality and character.

Applicant's Signature

Date