

# Master Application

This company is an equal opportunity and affirmative action employer. To help us learn about your experience, abilities and interests, please complete this Employment Application as thoroughly as possible.

## PERSONAL INFORMATION:

NAME	Last	First	MI
ADDRESS	Street	City	State /Zip Code
PHONE	Evening	Work	E-MAIL or FAX
PREVIOUS ADDRESS			
SOCIAL SECURITY NO.	DRIVERS LICENSE If applying for Sales, Mail or any positions that require a valid drivers license)		
Are you at least 18 years old?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	

## POSITION:

Position or requisition number applied for	Date available
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Minimum salary desired
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## WILL YOU:

Relocate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Travel extensively	<input type="checkbox"/> Travel moderately	<input type="checkbox"/> Not travel
<input type="checkbox"/> Work Full-time	<input type="checkbox"/> Work Part-time	<input type="checkbox"/> Temporary Summer/seasonal assignment. Specify:

## REFERRAL SOURCE (Complete all applicable referral sources)

<input type="checkbox"/> 1. Employee IF YOU WERE REFERRED TO THIS COMPANY BY A CURRENT EMPLOYEE, PLEASE COMPLETE ITEMS 1a – 1d.			
1.a. Name of Referring Current Employee	1.b. Title	1.c. Department	1.d. Telephone
<input type="checkbox"/> 2. Advertisement Specify Periodical:		<input type="checkbox"/> 6. Professional organization Job Posting Specify:	
<input type="checkbox"/> 3. Retained Search Firm Specify:		<input type="checkbox"/> 7. Employment agency Specify:	
<input type="checkbox"/> 4. Friend Name:		<input type="checkbox"/> 8. Walk in	
<input type="checkbox"/> 5. Relative Name:		<input type="checkbox"/> 9. Other (Please specify)	

**EMPLOYMENT HISTORY**  
**(Include any volunteer experience or community service)**

List all former employers and account for periods of unemployment exceeding three months beginning with the present or most recent employment and working back to your first employment. Add any other pertinent information to the application on a separate sheet of paper.

Name of employer	Starting date (mo./yr.)	Start salary
Address	Leaving date (mo./yr.)	Final salary
Job title and duties	Supervisor's name/title	Phone number
Reason for leaving		

If presently employed, may we contact your current employer at this time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Address	Leaving date (mo./yr.)	Final salary
Job title and duties	Supervisor's name/title	Phone number
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<b>U. S. Military Service</b> Have you served in the U.S. armed forces?	<input type="checkbox"/> YES,      Optional, please attach a DD214 <input type="checkbox"/> NO
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**EDUCATION**

SCHOOL NAME	ADDRESS	GPA	MAJOR	CERTIFICATE AWARDED
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TECHNICAL SCHOOL/ADDITIONAL SCHOOL				

**ADDITIONAL SKILLS, TRAININGS, and ACTIVITIES**

<b>PC SKILLS:</b> Please list computer skills and software programs. Indicate level of proficiency.	
List specific professional and/or academic achievements relevant to your application for employment <ul style="list-style-type: none"> <li>• honors, prizes</li> <li>• scholarships, fellowships</li> <li>• any inventions, or patents you own</li> </ul>	
<b>WORK RELATED EXTRA-CURRICULAR ACTIVITIES</b> (You may omit activities that indicate your race, religion, color, disability, marital status, national origin, ancestry, sex or age).	
List your professional organizational affiliations	
List all foreign languages	_____ Speak      Read      Write Understand
Other Activities, Clubs or Organization	

Have you ever been employed by this company?	<input type="checkbox"/> YES, give date and location <input type="checkbox"/> NO
Have you ever entered into any employment or other confidentiality agreement that could limit the scope of your employment at this company?	<input type="checkbox"/> YES, please provide details <input type="checkbox"/> NO
Do you have any relative(s) employed by this company, or another division of this company? (Having a relative employed by the company is not an automatic bar from employment. However the company reserves the right to refuse to assign relatives to positions that will create issues of safety, security, morale or conflicts of interest).	<input type="checkbox"/> YES, name and relationship <input type="checkbox"/> NO
Have you ever been convicted of a felony? (A conviction is not an automatic bar to employment. It will be considered as it relates to the position applied for.)	<input type="checkbox"/> YES, explain <input type="checkbox"/> NO
If you are offered employment, can you submit verification of your right to legally be employed in the U.S.A.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you able to satisfactorily perform the essential functions of the job for which you are applying, with or without reasonable accommodation?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**REFERENCES**

Name/ Occupation	Address	Day Phone #	Evening Phone #

**Please read carefully. After you have completed this application you are required to sign the certification below.**

**I certify that all the information furnished on this form is true, complete and correct to the best of my knowledge. I understand and agree that any material misrepresented or facts deliberately omitted in my application may be justification for refusal of employment or termination if employed.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_