

SAMPLE JOB APPLICATION

Use this form as a reference when you need to fill out the real thing

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XYZ COMPANY EMPLOYMENT APPLICATION

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or veteran status, or the presence of a non-job related condition or handicap. This application must be completed in INK and in your own handwriting. Please answer all questions. If a question is not applicable, so indicate with "NA" or "NONE".

DATE: _____

POSITION APPLYING FOR: _____

REFERRED TO _____ BY: _____

PERSONAL

NAME: _____

LAST FIRST MIDDLE

ADDRESS: _____

NUMBER STREET CITY STATE ZIP CODE

COUNTY: _____ PHONE NO. () _____ S.S. NO. _____

AREA CODE

IN CASE OF EMERGENCY, WHO SHOULD BE NOTIFIED?

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ HOME PHONE: _____ WORK PHONE: _____

HAVE YOU PREVIOUSLY FILED AN APPLICATION WITH XYZ COMPANY? YES NO

IF YES, DATE: _____ LOCATION: _____

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY XYZ COMPANY? YES NO

IF YES, DATE: _____ POSITION HELD: _____ LOCATION: _____

LIST RELATIVES, IF ANY, CURRENTLY EMPLOYED BY XYZ COMPANY _____

DO YOU HAVE ANY DISABILITIES THAT WOULD PREVENT YOU FROM PERFORMING THE DUTIES OF THE POSITION YOU ARE APPLYING FOR? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? _____

ARE YOU AVAILABLE TO WORK? FULL TIME PART TIME SHIFT WORK

CAN YOU WORK OVERTIME WHEN NECESSARY? YES NO

ARE YOU A LICENSED DRIVER? YES NO

GIVE LICENSE NUMBER, STATE REGISTERED AND EXPIRATION DATE: _____

IF APPLYING FOR A POSITION THAT MAY REQUIRE YOU TO DRIVE A COMPANY VEHICLE, PLEASE GIVE DETAILS AND DATES OF ANY ACCIDENTS, MOVING VIOLATIONS OR TICKETS RECEIVED IN THE LAST 3 YEARS _____

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF FEDERAL, STATE, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? YES NO

IF YES, EXPLAIN: _____

(OVER)



EDUCATION AND TRAINING

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH					
COLLEGE					
OTHER					
SPECIAL TRAINING OR SKILLS (LANGUAGE, MACHINE OPERATION, ETC.) _____					
TYPING: _____ WPM CRT: _____ KSPH SHORTHAND: _____ WPM					
OTHER SKILLS: _____					

EDUCATION AND TRAINING

(BEGIN WITH MOST RECENT POSITION, GIVE EXACT DATES)

COMPANY: _____	DATE EMPLOYED, FROM ___/___/___ TO ___/___/___
ADDRESS: _____	SALARY, STARTING: _____ ENDING: _____
PHONE NUMBER: _____	POSITION HELD: _____
SUPERVISOR: _____	DUTIES AND RESPONSIBILITIES: _____
REASON FOR LEAVING: _____	_____

COMPANY: _____	DATE EMPLOYED, FROM ___/___/___ TO ___/___/___
ADDRESS: _____	SALARY, STARTING: _____ ENDING: _____
PHONE NUMBER: _____	POSITION HELD: _____
SUPERVISOR: _____	DUTIES AND RESPONSIBILITIES: _____
REASON FOR LEAVING: _____	_____

COMPANY: _____	DATE EMPLOYED, FROM ___/___/___ TO ___/___/___
ADDRESS: _____	SALARY, STARTING: _____ ENDING: _____
PHONE NUMBER: _____	POSITION HELD: _____
SUPERVISOR: _____	DUTIES AND RESPONSIBILITIES: _____
REASON FOR LEAVING: _____	_____

REFERENCES

NAME	COMPANY	TITLE	PHONE NUMBER
1.			
2.			
3.			

ACTIVITIES AND INTERESTS

WHAT HOBBIES DO YOU ENJOY? _____

IN WHAT PROFESSIONAL ASSOCIATIONS ARE YOU A MEMBER? _____

