

# MASTER APPLICATION

NOTICE: This generic job application complies with federal and state laws against discrimination; however, employers using this form should check local ordinances.

## GENERAL INFORMATION

|                           |         |   |                                   |
|---------------------------|---------|---|-----------------------------------|
| Name (Last)               | (First) | (Middle Initial)  | Home Telephone<br>( ) -           |
| Address (Mailing Address) | (City)  | (State)   | (Zip)<br>Other Telephone<br>( ) - |
| E-Mail Address            |         | Are you authorized to work in the U.S.A. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |

## POSITION

|   |   |  |
|---|---|--|
| Position or Type of Employment Desired  | <b>Will Accept:</b><br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Full-Time<br><input type="checkbox"/> Temporary | <b>Shift:</b><br><input type="checkbox"/> Day<br><input type="checkbox"/> Swing<br><input type="checkbox"/> Graveyard<br><input type="checkbox"/> Rotating |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| Salary Desired  | Date Available  |  |

## EDUCATION AND TRAINING

| High School Graduate Or General Educational Development (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |                             |                 |   |                 |                  |
|---|------------------------------|-----------------------------|-----------------|---|-----------------|------------------|
| If no, list the highest grade completed   |                              |                             |                 |   |                 |                  |
| <b>College, Business School, Military (Most recent first)</b>   |                              |                             |                 |   |                 |                  |
| Name and Location   | Dates Attended<br>Month/Year | Credits Earned              |                 | Graduate  | Degree & Year   | Major or Subject |
|   |                              | Quarterly or Semester Hours | Other (Specify) |   |                 |                  |
|   | From                         |                             |                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                 |                  |
|   | To                           |                             |                 |   |                 |                  |
|   | From                         |                             |                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                 |                  |
|   | To                           |                             |                 |   |                 |                  |
|   | From                         |                             |                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                 |                  |
|   | To                           |                             |                 |   |                 |                  |
| Occupational License, Certificate or Registration   |                              | Number                      | Where Issued    |   | Expiration Date |                  |
| Occupational License, Certificate or Registration   |                              | Number                      | Where Issued    |   | Expiration Date |                  |
| Languages Read, Written or Spoken Fluently Other Than English   |                              |                             |                 |   |                 |                  |

## REFERENCES (Do not include relatives)

| Name | Address, City and State | Telephone | Profession |
|------|-------------------------|-----------|------------|
|      |                         |           |            |
|      |                         |           |            |
|      |                         |           |            |

## VETERAN INFORMATION (Most recent)

|                   |               |                   |
|-------------------|---------------|-------------------|
| Branch of Service | Date of Entry | Date of Discharge |
|-------------------|---------------|-------------------|

## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

|                               |
|-------------------------------|
| (Maximum 300 characters)      |
| TYPING/KEYBOARDING WPM: _____ |
| 10-KEY SPM: _____             |

**WORK EXPERIENCE** (Most Recent First) (Include voluntary work and military experience)

|  |                             |                   |
|--|-----------------------------|-------------------|
| Employer                                 | Telephone Number ( ) -      | From (Month/Year) |
| Address                                  |                             |                   |
| Job Title                                | Number Employees Supervised | To (Month/Year)   |
| Specific Duties (Maximum 350 characters) |                             | Hours Per Week    |
|  |                             | Last Salary       |
|  |                             | Supervisor        |
|  |                             |                   |

Reason For Leaving  May We Contact This Employer?  Yes  No

|  |                             |                   |
|--|-----------------------------|-------------------|
| Employer                                 | Telephone Number ( ) -      | From (Month/Year) |
| Address                                  |                             |                   |
| Job Title                                | Number Employees Supervised | To (Month/Year)   |
| Specific Duties (Maximum 350 characters) |                             | Hours Per Week    |
|  |                             | Last Salary       |
|  |                             | Supervisor        |
|  |                             |                   |

Reason For Leaving  May We Contact This Employer?  Yes  No

|  |                             |                   |
|--|-----------------------------|-------------------|
| Employer                                 | Telephone Number ( ) -      | From (Month/Year) |
| Address                                  |                             |                   |
| Job Title                                | Number Employees Supervised | To (Month/Year)   |
| Specific Duties (Maximum 350 characters) |                             | Hours Per Week    |
|  |                             | Last Salary       |
|  |                             | Supervisor        |
|  |                             |                   |

Reason For Leaving  May We Contact This Employer?  Yes  No

|  |                             |                   |
|--|-----------------------------|-------------------|
| Employer                                 | Telephone Number ( ) -      | From (Month/Year) |
| Address                                  |                             |                   |
| Job Title                                | Number Employees Supervised | To (Month/Year)   |
| Specific Duties (Maximum 350 characters) |                             | Hours Per Week    |
|  |                             | Last Salary       |
|  |                             | Supervisor        |
|  |                             |                   |

Reason For Leaving  May We Contact This Employer?  Yes  No

**BACKGROUND** (Arrests and/or Convictions- do not include traffic violations)

|   |                              |                                      |                                    |         |      |
|---|------------------------------|--------------------------------------|------------------------------------|---------|------|
| Have you ever been convicted of any misdemeanors or felonies? | Yes <input type="checkbox"/> | Type                                 | Result                             | Offense | Year |
|   | No <input type="checkbox"/>  | Felony <input type="checkbox"/>      | Expunged <input type="checkbox"/>  |         |      |
|   |                              | Misdemeanor <input type="checkbox"/> | Convicted <input type="checkbox"/> |         |      |

I certify the information contained in this application is true, correct, and complete, to the best of my memory. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

