



Date _____

PLEASE PRINT OR TYPE ALL INFORMATION

USE ADDITIONAL PAGES IF NECESSARY

LAST NAME	FIRST NAME	MIDDLE
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APPLICATION FOR POSITION OF:	DATE AVAILABLE
PRESENT ADDRESS – Number Street, City, State, Zip	HOME PHONE (Include area code)
MAILING ADDRESS – (If different from above) Number Street, City, State, Zip	BUS. PHONE (Include area code)

WHAT HOURS ARE YOU NOT AVAILABLE TO WORK? (AM OR PM)	WHAT DAYS ARE YOU NOT AVAILABLE TO WORK? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Please indicate which types of employment interest you (Check more than one box if you wish):	
<input type="checkbox"/> Permanent (Full-Time) <input type="checkbox"/> Permanent (Part-Time) <input type="checkbox"/> Temporary (Full-Time) until _____ <input type="checkbox"/> Temporary (Part-Time) until _____	

- 1.) Do you have access to a car (For some positions, a vehicle is required)? YES NO
- 2.) Do you have a valid driver's license? YES NO
- 3.) Are you over age 18? YES NO
- 4.) Are you a U.S. citizen or do you have an entry permit which allows you to work? YES NO

EDUCATION AND TRAINING

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12	DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A GED EQUIVALENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND LOCATION OF HIGH SCHOOL
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TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended.) Under credits earned, indicate Q for Quarter Hours and S for Semester Hours.	Circle the number of years in College or University: 1 2 3 4 5 6 7 8
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NAME AND LOCATION	Dates Attended		Credits Earned	Major Field	GPA /Base	Degree Conferred and Year
	From	To				

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is **relevant** to the job or jobs for which you are applying. Also include **relevant** licenses or certificates. (Be specific):

FOR SOME POSITIONS, IT MAY BE REQUIRED THAT EMPLOYEES POSSESS CERTAIN PHYSICAL CAPABILITIES. CHECK THE APPROPRIATE BOXES BELOW, WHICH YOU FEEL REFLECT THE PHYSICAL ACTIVITIES IN WHICH YOU CAN ROUTINELY ENGAGE WITHOUT HARM TO YOURSELF OR FELLOW EMPLOYEES. PLEASE BE ASSURED THAT A NEGATIVE ANSWER WILL NOT DISQUALIFY YOU FROM CONSIDERATION.

- 1) LIFTING: 25 lbs. or less 75 lbs. 100 lbs. or more 50 lbs.
- 2) DO YOU HAVE Bending or Stooping? Standing for long period of time? Climbing? Working in temperature extremes?

3) LIST ANY PHYSICAL LIMITATIONS WHICH YOU FEEL MAY RELATE TO THE WORK FOR WHICH YOU ARE APPLYING:

4) HAVE YOU BEEN CONVICTED OF ANY VIOLATIONS OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO

5) FOR WHAT HAVE YOU BEEN CONVICTED, WHEN, AND WHERE? _____

IF THERE WERE EXTENUATING CIRCUMSTANCES, OF WHICH WE SHOULD BE AWARE, PLEASE STATE ON DILHR JSD 5012. (Existence of a criminal record does not constitute an automatic bar to employment and your record will be considered only as it may substantially relate to the job for which you are applying).

WORK EXPERIENCE: Provide a complete description. This information will be used to determine if your application is accepted. Be specific. Start with your most recent job. **BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES.** For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position. You may also attach a separate sheet (DILHR JSD 5012) with additional information.

Employer	Kind of Business	Location (Numbered Street)
Your Title	Reason for Leaving	Location (City, State, Zip)
Your Duties:		Name of Supervisor:
		Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
		From (Month & Year) To (Month & Year)
		Check one: <input type="checkbox"/> Monthly Salary Beginning: \$ <input type="checkbox"/> Hourly Salary Ending: \$

Employer	Kind of Business	Location (Numbered Street)
Your Title	Reason for Leaving	Location (City, State, Zip)
Your Duties:		Name of Supervisor:
		Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
		From (Month & Year) To (Month & Year)
		Check one: <input type="checkbox"/> Monthly Salary Beginning: \$ <input type="checkbox"/> Hourly Salary Ending: \$

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		From (Month & Year) To (Month & Year)
		Check one: <input type="checkbox"/> Monthly Salary Beginning: \$ <input type="checkbox"/> Hourly Salary Ending: \$

Employer	Kind of Business	Location (Numbered Street)
Your Title	Reason for Leaving	Location (City, State, Zip)
Your Duties:		Name of Supervisor:
		Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
		From (Month & Year) To (Month & Year)
		Check one: <input type="checkbox"/> Monthly Salary Beginning: \$ <input type="checkbox"/> Hourly Salary Ending: \$

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? YES NO

REFERENCES		
NAME	ADDRESS	PHONE

Please list any organization to which you belong or have belonged and any honors or awards you have received that you regard as relevant to the job or jobs for which you are applying: _____

SIGNATURE: _____