PERSONAL INFOR	MATION							
Name				Social Sec	urity Number	Home ()	Phone -	
Address					City		State	Zip
Position Applying For					Expected Hourly Pay Rate Date Available			vailable
(An application containing indefinite respo	onses such as "Any availab	ole position" v	will not be consi	dered.)				
EDUCATION								
School Name	City, State		Majo		r Course of Study		Degree/Certificate	
High School	n.			- 28				
College/University								
Other								
EMPLOYMENT HIS								
Please list all employers beginnir	g with your present	employer.						
Firm Name	Address (Street)	dress (Street)			Phone		Dates From/To	
Position Held	City, State	State			Supervisor Name			
Reason for Leaving	Earnings Beginr	ngs Beginning		ng	Supervisor Title			
Firm Name	Address (Street)	ss (Street)			Phone		Dates From/To	
Position Held	City, State	State Zip			Supervisor Name			
Reason for Leaving	Earnings Beginn	ngs Beginning Endir		ng	Supervisor Title			
Firm Name	Address (Street)	ess (Street)			Phone		Dates From/To	
Position Held	City, State	State			Supervisor Name			
Reason for Leaving	Earnings Beginn	ngs Beginning En		ng	Supervisor Title			
Firm Name	Address (Street)				Phone		Dates From/To	
Position Held	City, State	State		Zip		Supervisor Name		
Reason for Leaving	Earnings Beginn	ngs Beginning		ng	Supervisor Title			
PERSONAL RECOF	}D				l			
Have you ever been convicte	ed of a crime?* Y	ES 🗆	NO 🗆					
If yes, how many years ago?	?	_ Whe	ere? City	· —			State	
*Previous conviction of a crime does not necessarily exclude an applicant from consideration for employment.								

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Applicant's Name:
AVAILABILITY
Can you work early mornings (before 6 am)? YES ☐ NO ☐
Can you work about 60 hours per week? YES ☐ NO ☐
Can you work second shift hours? YES □ NO □
Can you work variable hours if asked? YES □ NO □
Can you work weekends if needed? YES NO
DRIVING RECORD
Do you have a valid drivers license? YES □ NO □
Do you have a valid Commercial Driver's License (CDL)? YES \(\bigcup \) NO \(\bigcup \) Which type of CDL do you have? A \(\bigcup \) B \(\bigcup \) C \(\bigcup \) D \(\bigcup \) Learner Permit \(\bigcup \)
Have you ever been convicted for driving while DWI or DUI in the past 12 months? YES □ NO □
Have you had more than 1 moving violation (other than parking tickets) within the past 12 months? YES □ NO □
Have you had more than 2 moving violations (other than parking tickets) in the past 3 years? YES □ NO □
U.S. MILITARY SERVICE (if applicable)
Branch Final Rank
Service schools or special experience related to job for which you are applying?
ADDITIONAL EXPERIENCE
Please list any additional experiences you feel bear upon your skills or professional development.
SOURCE
How were you referred? (check one box only) Classified Ad □ Employee Referral □ School □ Other □
Please identify - Name of Newspaper, School, Employee, or Other Source.

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