**APPLICATION FOR EMPLOYMENT**

**We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, gender, religion, disability, national origin, sexual orientation, marital status or any other protected status.**

|  |  |
| --- | --- |
| Today’s Date: |       |
| **EMPLOYMENT DESIRED** |
| Position | Date you can start | Salary desired | Type of employmentFull Time [ ]  Part Time [ ]  |
|       |       |       |
| Are you employed now? Yes [ ]  No [ ]  | If so, may we contact your present employer?Yes [ ]  No [ ]  |
| Have you ever applied to our company before?Yes [ ]  No [ ]  | Where? | When? |
|       |       |

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| **PERSONAL INFORMATION** |
| Last Name First Name Middle Initial |
|       |       |       |
| Address (Number, Street, City, State, Zip Code) |
|       |
| Social Security Number (optional) | Home Telephone Number | Mobile Phone Number |
|       |       |       |
| E-mail address: |
|       |
|  |
| **EDUCATION** |
| High School attended and location | Years completed | Did you Graduate?Yes [ ]  No [ ]  |
|       |       |
| College attended and Location | Years completed | Did you Graduate?Yes [ ]  No [ ]  |
|       |       |
| Trade, business or correspondence school attended and location | Years completed | Did you Graduate?Yes [ ]  No [ ]  |
|       |       |
|  |
| **GENERAL** |
| Special courses or Training |
|       |
| Experience/Skills related to the position for which you are applying |
|       |
|  |
| **OFFICE/SECRETARIAL APPLICATIONS** |
| Typing Speed |       wpm | Years of Experience |       |
| PC user | Yes [ ]  No [ ]  | Years of Experience |       |
| Operating systems, applications/programs & peripherals you are experienced with: |
|       |

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| **EMPLOYMENT HISTORY (List present or most recent positions first)** |
| Name of Employer | Address (Number, Street, City, State, Zip Code) |
|       |       |
| Phone | Type of Business | Department | Your Position |
|       |       |       |       |
| Duties |
|       |
| Name and position of Immediate Supervisor |
|       |
| Date Employed (Month, Day, Year) | Date Left (Month, Day, Year) | Starting Salary | Final Salary |
|       |       |       |       |
| Reason for Leaving |
|       |
|  |
| Name of Employer | Address (Number, Street, City, State, Zip Code) |
|       |       |
| Phone | Type of Business | Department | Your Position |
|       |       |       |       |
| Duties |
|       |
| Name and position of Immediate Supervisor |
|       |
| Date Employed (Day, Month, Year) | Date Left (Day, Month, Year) | Starting Salary | Final Salary |
|       |       |       |       |
| Reason for Leaving |
|       |
|  |
| Name of Employer | Address (Number, Street, City, State, Zip Code) |
|       |       |
| Phone | Type of Business | Department | Your Position |
|       |       |       |       |
| Duties |
|       |
| Name and position of Immediate Supervisor |
|       |
| Date Employed (Day, Month, Year) | Date Left (Day, Month, Year) | Starting Salary | Final Salary |
|       |       |       |       |
| Reason for Leaving |
|       |
|  |
| State any additional information you feel may be helpful to us in considering your application. |
|       |
|  |
| I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.SIGNATURE: |

Revised 3-2014 FMS