

JOB APPLICATION

PERSONAL INFORMATION:

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Time at current residence? _____ (If less than 7 years – need previous address)

Previous Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Preferred method of contact: Home Cell Email

Emergency Contact (Name & Number): _____

Preferred Name: _____

DOB (mm/dd/yyyy): _____ City/State of Birth: _____

Driver's License # _____ State Issued _____ Exp. Date (mm/yyyy) _____

Are you a US Citizen? Yes No

If no, what is your work authorization?

Green Card Expiration Date _____

H.1B Visa Expiration Date _____

TN Permit Expiration Date _____

Gender: Male Female

Asian Pacific Islander Latino/Hispanic Native American African American/Black

Caucasian/White Bi Racial/Multi Racial Other I choose not to provide this information

Besides English what languages do you speak? _____

How often? Daily Casually For my job When around others who speak this language

Do you have any visible tattoos? Yes No

Do you have any visible body piercings (if one piercing in each ear, say no)? Yes No

Nearby Cities/Counties: _____

Are you currently a smoker? Yes No

Do you use smokeless tobacco? Yes No

Have you ever been convicted of a felony or pled guilty? Yes No

If "Yes" Explain:

Date of Felony: _____ City: _____ State: _____

Would you submit to a background check? Yes No

Would you submit to a drug test? Yes No

Are you in default on any student loans? Yes No

EDUCATION

High School or Last Grade Completed

Name & Address of school: _____

Number of Years Completed: _____ Last Grade Completed: _____

Diploma: Yes No Date: _____

GED: Yes No Date: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number or years completed: _____

Degree/Diploma: _____

Graduate Degree: _____

Start Date: _____ End Date: _____ GPA: _____

Year Graduated: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number or years completed: _____

Degree/Diploma: _____

Year Graduated: _____

SKILLS EXPERIENCE: (Check all that apply)

Microsoft Word	Microsoft Excel	Microsoft PowerPoint				
Data Entry	_____ WPM	Typing Speed	_____ WPM			
Heavy Machinery	Fork Lift	Load and Unload Freight				
Record Keeping	Telemarketing	Child Care				
Customer Service	Number of years: _____					
Call Center	Number of years: _____					
Collections	CPR	First Aid				
Medical Coding	Number of years: _____	CPT 9	CPT 10	ICD-9	Other	
Able to work standing up for long periods	Yes	No				
Able to lift 50 pounds	Yes	No				
Able to lift 100 pounds	Yes	No				
Able to push or pull 200 pounds	Yes	No				

PROFESSIONAL LICENSES

CNA – Nursing City/State Issued: _____ Expiration Date _____

Insurance License City/State Issued: _____ Expiration Date _____

Insurance Sales License City/State Issued: _____ Expiration Date _____

Medical Billing/Coding City/State Issued: _____ Expiration Date _____

Other Licenses _____

City/State Issued _____ Expiration Date: _____

APPLICANT QUESTIONS

Based on your experience/education what are your job choices?

1st Choice _____ 2nd Choice _____

Are you willing to relocate? Yes No If yes, what area? _____

Based on past wages: Salary desired: \$ _____

Date Available: Immediately 2-Week Notice Date: _____

Prefer: Full Time Part Time Day Shift Night Shift Weekends Seasonal

How many miles are you willing to travel, one-way for work? _____

To what nearby cities and/or counties are you willing to travel for work? _____

Will you use public transportation or your own car? _____

Have you supervised anyone? Yes No If yes, how many at one time? _____

How many unscheduled days of work have you missed in the last year? (ex. sick, emergency) _____

Have you ever been terminated from a job? Yes No

Please Explain: _____

Have you ever been laid off from a job? Yes No

Please Explain: _____

Have you ever been discharged or asked to resign from any position? Yes No

Please Explain: _____

Over the past 10 years have you had previous unemployment benefits? Yes No

Are you opposed to individuals who pray in the workplace? Yes No

May we post your resume online? Yes No

What websites have you posted your resume on? _____

MILITARY EXPERIENCE:

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Job-Related Training/Experience: _____

Do you have a security clearance? Yes No

If yes, what type of clearance: _____

RECORD OF EMPLOYMENT (Please provide a minimum of 10 years)

List positions starting with most recent

Employer: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Position Title: _____

Start Date: _____ End Date: _____

Beginning Salary: _____ Ending Salary: _____

Supervisor's name: _____ Supervisor's Title: _____

Duties:

Reason for leaving:

Still in Job Contract/Temporary Retired Laid Off/Displaced

Resigned for Better Job Opportunity Resigned in Lieu of Discharge

Personal Reasons (Please Explain) _____

Fired/Terminated (Please Explain) _____

Other (Please Explain) _____

OK to contact former employer? Yes No

Employer: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Position Title: _____

Start Date: _____ End Date: _____

Beginning Salary: _____ Ending Salary: _____

Supervisor's name: _____ Supervisor's Title: _____

Duties:

Reason for leaving:

Still in Job Contract/Temporary Retired Laid Off/Displaced

Resigned for Better Job Opportunity Resigned in Lieu of Discharge

Personal Reasons (Please Explain) _____

Fired/Terminated (Please Explain) _____

Other (Please Explain) _____

OK to contact former employer? Yes No

Employer: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
Position Title: _____
Start Date: _____ End Date: _____
Beginning Salary: _____ Ending Salary: _____
Supervisor's name: _____ Supervisor's Title: _____
Duties:

Reason for leaving:
Still in Job Contract/Temporary Retired Laid Off/Displaced
Resigned for Better Job Opportunity Resigned in Lieu of Discharge
Personal Reasons (Please Explain) _____
Fired/Terminated (Please Explain) _____
Other (Please Explain) _____
OK to contact former employer? Yes No

Employer: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____
Position Title: _____
Start Date: _____ End Date: _____
Beginning Salary: _____ Ending Salary: _____
Supervisor's name: _____ Supervisor's Title: _____
Duties:

Reason for leaving:
Still in Job Contract/Temporary Retired Laid Off/Displaced
Resigned for Better Job Opportunity Resigned in Lieu of Discharge
Personal Reasons (Please Explain) _____
Fired/Terminated (Please Explain) _____
Other (Please Explain) _____
OK to contact former employer? Yes No

PLEASE EXPLAIN GAPS OF MORE THAN TWO YEARS:

Please Provide **3 Professional References Only**

Reference Name: _____ Telephone: _____
Email: _____ Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____ Number of years known: _____
Position at Company _____ Company Name: _____

Reference Name: _____ Telephone: _____
Email: _____ Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____ Number of years known: _____
Position at Company _____ Company Name: _____

Reference Name: _____ Telephone: _____
Email: _____ Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____ Number of years known: _____
Position at Company _____ Company Name: _____

For Truck Drivers Only

Do you have hazmat endorsement? Yes _____ No _____ Number of axles driven _____

Double or triple loads? Yes _____ No _____ Tankers? Yes _____ No _____

Passenger? Yes _____ No _____ Combination of Tank Vehicle & Hazardous Materials? Yes _____ No _____

School Bus Authorized? Yes _____ No _____

Type of License A _____ B _____ C _____ D _____ E _____ F _____ G _____ L _____ M _____ R _____ 4 _____ 10 _____

License number _____ City/State Issued _____ Exp. Date (mm/yyyy) _____

Class of Equipment 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

Total Miles Driven: Weekly _____ Annually _____

List all motor vehicle accidents that you were involved in for the past 3 years

Have you ever been involved in any accidents that resulted in injury or fatality? Yes _____ No _____

Please Explain:

List all violations of motor vehicle laws (other than parking) for which you were *convicted, forfeited bond or collateral* for the past 3 years – **Please specify dates, locations and all charges/penalties:**