

# 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 ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone ( ) -
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> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<b>Shift:</b> <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <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

### College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <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
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## 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
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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 \_\_\_\_\_

