

DO YOU HAVE A DRIVER'S LICENSE? __YES __NO

What is your means of transportation to work? _____

Driver's license number _____ State of Issue _____

OFFICE ONLY

Typing __ Yes ___WPM

__ No

__ Yes

Word

__ Yes

Personal

__ Yes

__PC

10 key __ No

Processing

__ No

__ WPM

Computer

__ No

__ MAC

Other _____

Skills _____

Please list two **business** references that are not related to you:

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the position for which you are applying.

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self- employed, give a firm name. **Attach additional sheets if necessary.**

Name of employer _____

Address _____

City, State, Zip Code _____

Phone Number (____) _____ Name of last supervisor _____

Employments dates From _____ To _____

Pay or Salary Start _____ Final _____

Your last job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not ,who did? _____

The information on this application is true and accurate to the best of my knowledge.

Signature _____

Date _____