

Date of Application: _____

APPLICATION FOR EMPLOYMENT

Position Applied for: _____ Available: Part-time Full-time

Date of Availability: _____ Are you currently employed: Yes No

Personal Information:

Last Name (Please Print) First Name (Please Print) Middle Initial (Please Print)
Mailing Address: _____
 Number Street City State Zip Code
Telephone Number(s): _____ Social Security Number _____
Email Address: _____ Date of Birth: _____

Education

High School Graduate: GED: Associates Bachelors Certificate Type: _____
Other Type of Degree _____

Specialized Skills (Check Skills/Equipment Operated)

Computer Skills: Computer Literate: Yes No If yes, which programs can you operate: Word
 Excel Power Point Access Outlook QuickBooks PaperPort Publisher Data entry
 Other Programs: _____

Operation of:

Typewriter _____ WPM _____ Fax _____ Copier _____ Adding Machine _____ Scanner _____ Printer _____
2-line Phone _____ Other _____

Please list any experience you have with bookkeeping and general office management:

Employment (Please list last two positions held)

Company Name: _____ Telephone Number: () _____
Address: _____ City _____ State: _____ Zip Code _____
Last Position Held: _____ From: Month/Year _____ To: Month/Year _____
Job Duties: _____

Reason for Leaving: _____ Starting Wage: _____ Final Wage: _____

Company Name: _____ Telephone Number: () _____
Address: _____ City _____ State: _____ Zip Code _____
Last Position Held: _____ From: Month/Year _____ To: Month/Year _____
Job Duties: _____

Reason for Leaving: _____ Starting Wage: _____ Final Wage: _____

Do you have a driver's license: [] Yes [] No
Has your license ever been suspended or revoked? [] Yes [] No
If yes, please provide date of suspension or revocation and reasons:
Date of suspension: _____
Reason: _____

Has your license been reinstated: [] Yes [] No Date of Reinstatement: _____

References: List the names and phone numbers of two persons who have knowledge of your job experience.

Name: _____ Years Known/Capacity _____
Phone No: _____

Name: _____ Years Known/Capacity _____
Phone No: _____

Resume: Please attach a Resume to the application

I hereby verify that the information in this application is true.

Signature of Applicant: _____ Date: _____

For Official Use Only:
Date Received: _____ Received by: _____
Notations: _____