



## Employment Application (page 2 of 4)

### Personal Information, continued

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.) .....  Yes  No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

### Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			
<b>College/ University</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			
<b>Vocational/ Business</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			
<b>Health Care Training</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			

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**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer

( ) -  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? .....  Yes  No

\_\_\_\_\_  
Name of Employer

( ) -  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? .....  Yes  No

Note: Attach additional page(s) if necessary.

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

( ) -  
Telephone No.

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No. of Years Acquainted

