

EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4	DATE	
Name		
Present Address		
How long have you lived there		
Telephone		
Email	Full Time (40 hrs/week) Part Time hrs/week	
If under 18, please list your age	Days/hours available to work	
Position applied for	No Pref Mon	Thur Fri
When are you available to start?	Tue Wed	Sat Sun

Type of School	Name of School	Number of Years Completed	Major & Degree
High School			
College			
Bus. or Trade School			

Have you ever been convicted of a crime? No Yes

If yes, explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation

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APPLICATION FOR EMPLOYMENT

WORK Please list your work experience for the past five years beginning with your most recent job held. If you were self employed, give company name. Attach additional sheets if necessary. **EXPERIENCE**

Name of Employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		То	Final
	Your last job title		

Reason for leaving (be specific

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

Name of Employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		То	Final
	Your last job title		

Reason for leaving (be specific

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

May we contact your present employer?

Yes No

Did you complete this application yourself?

No

If not, who did?

Yes

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	MILITARY		
Have you every been in the Armed Forces?	Yes No		
Are you currently a member of the National Guar			
Specialty	Date Entered	Discharge Dat	e
Name of Freedoms			
Name of Employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific			
while you worked at this company.			
Name of Employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or salary
	,	From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific			

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Do you have a driver's license? Yes No

What is your means of transportation to work?

Drivers license number State of Issue Operator Commercial (CDL)

Expiration date Chaffeur

Have you had any accidents during the past three years? Yes No How many?

Have you had any moving violations during the past three years? Yes No How Many?

Please list two references other than relatives or previous employers

Name Name

Position Position

Company Company

Address Address

Telephone Telephone

Bring completed application to

980 Lincoln Ave Steubenville, OH 43952

or email to careers@nelsongifts.com