



OFFICE USE ONLY	
WPM _____	ERRORS _____
WPM _____	ERRORS _____
KPH _____	ERRORS _____
KPH _____	ERRORS _____

Employment Application

APPLICANT INFORMATION	
Name:	Date:
Please list any aliases, other names, maiden name and/or how you prefer to be addressed:	
Address:	Telephone:
	Alternate Telephone:
Emergency Contact Name:	Relationship to Applicant:
Emergency Contact Telephone:	
Position Applied For:	Wage Expected: \$
Schedule/Availability: Full Time Employment	Part Time Employment
Date Available to Begin Work:	Are you over the age of 18?
Can you provide proof you are legally able to work in the United States?	
PERSONAL HISTORY	
Have you ever been convicted of a felony?	
If yes, please explain:	
Have you ever been convicted of a misdemeanor (excluding traffic violations)?	
If yes, please explain:	
Do you have any physical handicap or disability which would limit your ability to perform duties of the position applied for?	
If yes, please explain:	
Do you have any family or social obligations which would limit your ability to perform the duties of the position applied for?	
If yes, please explain:	
Do you have any known family, social or other obligations which would require a leave of absence in the next 12 months?	

SPECIAL SKILLS

Please list any skills you possess that you believe to be relevant to position applied for:

Typing (W.P.M.): _____

Ten-Key by Touch (C.P.M.): _____

Computer programs you are proficient in:

Other Skills:

EDUCATION

College or University Attended: _____

Location (City and State): _____

Last Year Completed: _____

Did you Graduate?

Degree Obtained: _____

Business or Trade School Attended: _____

Location (City and State): _____

Last Year Completed: _____

Did you Graduate?

Degree Obtained: _____

High School Attended: _____

Location (City and State): _____

Last Year Completed: _____

Did you Graduate?

Diploma Obtained: _____

EMPLOYMENT HISTORY (Starting with most recent)

Company Name:

Dates of Employment:

Company Address:

Telephone:

Name of Immediate Supervisor:

Job Title:

Reason for Leaving:

Salary Earned:

Job Duties:

EMPLOYMENT HISTORY (Continued from Previous Page)

Company Name:	Dates of Employment:
Company Address:	Telephone:
	Name of Immediate Supervisor:
Job Title:	Reason for Leaving:
Salary Earned:	
Job Duties:	

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EMPLOYMENT HISTORY (Continued from Previous Page)

Company Name:	Dates of Employment:
Company Address:	Telephone:
	Name of Immediate Supervisor:
Job Title:	Reason for Leaving:
Salary Earned:	
Job Duties:	

PERSONAL REFERENCES

Name:	Relationship to Applicant:
Telephone:	
Name:	Relationship to Applicant:
Telephone:	
Name:	Relationship to Applicant:
Telephone:	

APPLICANT'S STATEMENT

- The information that I have provided on this application is accurate to the best of my knowledge and may be verified by Richmond/Monroe.
- I authorize all schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to Richmond/Monroe for use in deciding whether or not to offer me employment and specifically waive any required written notification. I understand that a routine inquiry may be made which will provide information concerning character, general reputation and personal characteristics, and that upon written request by me, additional information as to the nature and scope of the report, if one is made, will be provided to me.
- I understand and agree that any misrepresentation or deliberate omission of facts in this application will be justification for refusal or termination of employment.
- I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing three statements.

 Signature of Applicant

 Date

END OF APPLICATION.**DEPARTMENT OF PERSONNEL USE**

Start Date :	Position:
Wage:	