

Employee Application Form

Please answer the questions below as completely as possible:

Today's date: _____
Your name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____ Evening: () _____
Further contact should be at: [] Day telephone [] Evening telephone

Education & Training

High school: _____ Diploma year: _____
Undergraduate college: _____
Program: _____ Degree: _____ Yrs: ___/___
Undergraduate college: _____
Program: _____ Degree: _____ Yrs: ___/___
Graduate college: _____
Program: _____ Degree: _____ Yrs: ___/___
Graduate college: _____
Program: _____ Degree: _____ Yrs: ___/___
Other education/training: _____

Working Experience

Most recent position: _____
Company: _____
Location: _____
Date started: _____ Date ended: _____
Starting salary: \$ _____ Ending salary: \$ _____
Reason for leaving: _____
Responsibilities/comments: _____

Special Accomplishments

Computer Skills

Supervisor: _____ Okay to contact?
[] Yes [] No

[] Mac [] Windows Other: _____
Page layout: _____
Image editing: _____
Vector-based drawing: _____
Web design/multimedia: _____
Word processing: _____ Accounting: _____
Other programs/skills: _____

Previous position: _____
Company: _____
Location: _____
Date started: _____ Date ended: _____
Starting salary: \$ _____ Ending salary: \$ _____
Reason for leaving: _____
Responsibilities/comments: _____

Personal References

Supervisor: _____ Okay to contact?
[] Yes [] No

Name: _____
Title & Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____
Relationship: _____

Previous position: _____
Company: _____
Location: _____
Date started: _____ Date ended: _____
Starting salary: \$ _____ Ending salary: \$ _____
Reason for leaving: _____
Responsibilities/comments: _____

Name: _____
Title & Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____
Relationship: _____

We request all employees to sign non-compete and non-disclosure agreements. Is this a concern? [] Yes [] No

If yes, explain: _____

Supervisor: _____ Okay to contact?
[] Yes [] No

I certify that to the best of my knowledge the information I have provided above is true.

(Signature) (Date)