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

Working Experience
Most recent position: ________________________________
Company: _______________________________________
Location: ________________________________________
Date started: ________________ Date ended: _____________
Starting salary: $_____________ Ending salary: $___________
Reason for leaving: _________________________________
Responsibilities/comments: ____________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________
Supervisor: ____________________________ Okay to contact?
[ ] Yes  [ ] No

Previous position: __________________________________
Company: _______________________________________
Location: ________________________________________
Date started: ________________ Date ended: _____________
Starting salary: $_____________ Ending salary: $___________
Reason for leaving: _________________________________
Responsibilities/comments: ____________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________
Supervisor: ____________________________ Okay to contact?
[ ] Yes  [ ] No

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: _____________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________

Special Accomplishments

Computer Skills
[ ] Mac  [ ] Windows  Other: _____________________
Page layout: ______________________________________
Image editing: ____________________________________
Vector-based drawing: _______________________________
Web design/multimedia: ______________________________
Word processing:  _____________ Accounting:  ____________
Other programs/skills:  _______________________________

Personal References
Name: _________________________________________
Title & Company: __________________________________
Address: ________________________________________
City: ________________________ State: ____ Zip: _______
Telephone: (      ) __________________________________
Relationship: _____________________________________

Name: _________________________________________
Title & Company: __________________________________
Address: ________________________________________
City: ________________________ State: ____ Zip: _______
Telephone: (      ) __________________________________
Relationship: _____________________________________

We request all employees to sign non-compete and non-disclosure agree-
ments. Is this a concern?  [ ] Yes  [ ] No
If yes, explain: ____________________________________
___________________________________________

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

(Signature) (Date)