



P.O. Box 514, Zionsville IN. 46077-0514
(317) 769-5100

APPLICATION FOR EMPLOYMENT

All qualified applicants will receive consideration for employment regardless of race, color, religion, creed, age, sex, national origin, disability, participation in military service, ancestry, or any other protected status.

PERSONAL

Please print in ink or type

Name	Last	First	Middle Initial	Maiden Name	Social Security Number
Present Address	Street/Apartment Number			County	Phone Number
City				State	Zip Code

EDUCATION

Name of High School and Location	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Curriculum/Major	GPA
Name of College or University and Location	Degree Received: Date:	Major	
Name of College or University and Location	Degree Received: Date:	Major	

SCHOOL ACTIVITIES

Description	Position	Dates

WORK EXPERIENCE

List below all present and previous employment, starting with the most recent. Please list all full time, part time, and Summer jobs.

Company Name	From (mo/yr)	To (mo/yr)	Supervisor

Address	Phone	Job Title
Reason for leaving	Wage	Description of Job Duties

Company Name	From (mo/yr)	To (mo/yr)	Supervisor
Address	Phone	Job Title	
Reason for leaving	Wage	Description of Job Duties	

Company Name	From (mo/yr)	To (mo/yr)	Supervisor
Address	Phone	Job Title	
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Company Name	From (mo/yr)	To (mo/yr)	Supervisor
Address	Phone	Job Title	
Reason for leaving	Wage	Description of Job Duties	

May we contact the employers above? Yes No If yes, list any employers you do not wish us to contact: _____

Position in which you are interested: _____

Type of work desired: Full Time Part Time Summer

Availability to work this position: Any days (Monday thru Sunday) Limited days (indicate below)
 Any hours (7 AM – 7 PM) Limited hours (indicate below)

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Times of day available to work							

Are you 18 or older? Yes No

Are you a U.S. citizen or national; a permanent resident, a refugee, an asylee or authorized to work under the amnesty provision of U.S. immigration law? (if you have immigrant status, for example E-1, F-1, H-1, J-1, then your answer to this question should be no) Yes No
 Have you been convicted of a crime more serious than a minor traffic violation? Yes No

If "Yes," please explain below giving date, charge, location, disposition and any other details necessary.

ADDITIONAL INFORMATION REQUIRED

Please give the following information for your last valid driver's license

State: _____ Type: _____

Number: _____ Date Expires: _____

Previous addresses: If your current residence does not cover the past five years, please include previous temporary and permanent addresses during the last five years.

Street Address/Apartment Number _____ County _____

City _____ State _____ Zip Code _____

Dates: From _____ To _____

Street Address/Apartment Number _____ County _____

City _____ State _____ Zip Code _____

Dates: From _____ To _____

Street Address/Apartment Number _____ County _____

City _____ State _____ Zip Code _____

Dates: From _____ To _____

REFERENCES List three other than relatives

Name	Address	Phone Number	Occupation

By signing this application, I certify that all the information and statement I have provided on this application are, to the best of my knowledge, true, correct, and complete.

Applicant's Signature

Date