



## Employment Application

Applicants May Be Tested For Illegal Drugs

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Phone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employment Desired:  Full Time  Part Time

Position Applying For: \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ Availability:  No Pref  Mon  Tue  Wed  Thu  Fri  Sat  Sun

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_ Weekends? \_\_\_\_\_

When are you available? \_\_\_\_\_

### Education

	Name of School	Degree	Years attended	Graduated?
High School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grad School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



## Employment Application

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### Employment History

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, please give firm name. Use additional sheets if necessary.

Name of Employer: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Last Supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for Leaving (be specific) \_\_\_\_\_

\_\_\_\_\_  
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Last Supervisor: \_\_\_\_\_ Phone # \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for Leaving (be specific) \_\_\_\_\_

\_\_\_\_\_  
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Employment Application

Have you ever been convicted of a crime?  Yes  No

If yes, please explain the number of conviction(s), nature of the offense(s), how recently the offense(s) were committed, sentences(s) imposed and type(s) of rehabilitations.

Do you have a driver's license  Yes  No What is your means of transportation to work? \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State of issue: \_\_\_\_\_ Type: \_\_\_\_\_

Have you had any accidents in the past three years?  Yes  No If yes, how many? \_\_\_\_\_

Have you had any moving violations in the past three years?  Yes  No If yes, how many? \_\_\_\_\_

### References

*No previous employers or relatives*

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Have you ever been in the armed forces?  Yes  No If yes, discharge date and type: \_\_\_\_\_

Are you now a member of the National Guard?  Yes  No

Specialty \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Valley Mission is an equal opportunity employer, providing employment opportunities without regard to race, color religion, gender, national origin, age, disability, genetics or political affiliation.*