



APPLICATION FOR EMPLOYMENT



We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

Employment Desired _____ **Date:** / /

Position:

Date You Can Start: / / Salary Desired:

Type of Employment: Full-time Part-time Summer Temporary

Are you employed now? Yes No If so, can we contact your present employer? Yes No

Have you ever applied to this company? Yes No When? / /

Personal Information

Last Name: First Name: Middle Name:

City: State: Zip: -

Social Security Number: Home Phone: () -

Referred By:

Education

High School Attended: No. of years completed

Location: Did you graduate? Yes No

College Attended: No. of years completed

Location: Did you graduate? Yes No

Degree:

Trade, Business School: No. of years completed

Location: Did you graduate? Yes No

General

Have you ever been convicted, plead guilty or no contest to a felony charge. Please Explain: _____

Special Courses or Training: _____

Experience /Computer Skills /Programs Related to the Position of Which You Are Applying: _____

Office/Secretarial Applications

Skill Aptitude Typing Shorthand Word Processing

Years Experience/Words Per Minute / / /

List Secretarial training courses completed and any other training which may be helpful in considering your application.



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Employment History (List Present or Most Recent Positions First)

Name of Employer:

City: State: Phone: () -

Job Title: Position:

Responsibilities: _____

Name & Position of Immediate Supervisor:

Start Date: / / End Date: / / Starting Wage: . Final Wage: .

Reason for Leaving:

Name of Employer:

City: State: Phone: () -

Job Title: Position:

Responsibilities: _____

Name & Position of Immediate Supervisor:

Start Date: / / End Date: / / Starting Wage: . Final Wage: .

Reason for Leaving:

Name of Employer:

City: State: Phone: () -

Job Title: Position:

Responsibilities: _____

Name & Position of Immediate Supervisor:

Start Date: / / End Date: / / Starting Wage: . Final Wage: .

Reason for Leaving:

State any additional information you feel may be helpful to us in considering your application.

Other Experience

Name of Employer:

City: State: Phone: () -

Job Title: Position:

Responsibilities: _____

Name & Position of Immediate Supervisor:

Start Date: / / End Date: / / Starting Wage: . Final Wage: .

Reason for Leaving:

I certify that the information provided is true and correct. **Signature** _____

To Whom it may concern:

I give my permission for Equipment Supply Co., Inc. to run a check on my driving record.
I am aware that the job I have applied for requires a clean driving record.

Date: _____

Print Name: _____

Signature _____

DL Number

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