







PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?      \_\_ Yes \_\_ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?      \_\_ Yes \_\_ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

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

Name of Employer Address  City, State, Zip Code Phone Number	Name of last supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer?       Yes    No  
 Did you complete this application yourself?       Yes    No

If not, who did? \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

This application will be retained for a period of 6 months.