**Terry's Doors and More Inc.**

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT**

**APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS**

DATE

Name

Last First Middle Maiden

Present address

Number Street City State Zip

How long Telephone ( )

 Social Security No. – –

Date Of Birth

Position applied for Desired Salary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION(Complete mailing address) | NUMBER OF YEARSCOMPLETED | MAJOR &DEGREE |
| High School |  |  |  |  |
|  |  |  |  |  |
| College |  |  |  |  |
|  |  |  |  |  |
| Bus. or Trade School |  |  |  |  |
|  |  |  |  |  |
| Professional School |  |  |  |  |
|  |  |  |  |  |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Are you a citizen of the United State? No Yes

If no, are authorized to work in the U.S.? No Yes

Have ever worked for this company? No Yes

Do you smoke? No Yes

Can you pass a drug test? No Yes

Have you ever been convicted of a sexual offence? \_\_\_No \_\_\_Yes

Have you ever been convicted of any offence with a minor? \_\_\_No \_\_\_Yes

Please list three references other than relatives or previous employers.

 Name

Telephone ( )

Name

Telephone ( )

Name

Telephone ( )

 HAVE YOU EVER BEEN IN THE MILITARY? Yes No

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

Specialty Date Entered

 Discharge Date

|  |
| --- |
| DO YOU HAVE A DRIVER’S LICENSE? Yes NoWhat is your means of transportation to work? Driver’s licensenumber State of issue Operator Commercial (CDL) ChauffeurExpiration date Have you had any accidents during the past three years? How many? Have you had any moving violations during the past three years? How Many?  |

**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 employerAddressCity, State, Zip CodePhone number | Name of last supervisor | Employment dates | Pay or salary |
|  | FromTo | StartFinal |
| Your last job title |
| Reason for leaving (be specific) |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employerAddressCity, State, Zip CodePhone number | Name of last supervisor | Employment dates | Pay or salary |
|  | FromTo | StartFinal |
| Your Last Job Title |
| Reason for leaving (be specific) |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employerAddressCity, State, Zip CodePhone number | Name of last supervisor | Employment dates | Pay or salary |
|  | FromTo | StartFinal |
| Your last job title |
| Reason for leaving (be specific) |

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did?

Signature