

PLEASE PRINT ALL
INFORMATION REQUESTED

APPLICATION FOR EMPLOYMENT

The following section must be completed if you are applying for a position which requires the operation of a motor vehicle, owned or leased by the company, or if you must use your own vehicle for company purposes.

DRIVER'S LICENSE NO. _____ STATE ISSUED _____ EXP _____

Do you have auto liability insurance? YES () NO () If yes, please give name of insurance company and expiration date _____

Date Hired: _____

OFFICE ONLY

Typing	<input type="checkbox"/> Yes	_____ WPM	10-key	<input type="checkbox"/> Yes	Word Processing	<input type="checkbox"/> Yes	_____ WPM
	<input type="checkbox"/> No			<input type="checkbox"/> No		<input type="checkbox"/> No	
Personal Computer	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Other Skills	_____			
	<input type="checkbox"/> No	Mac <input type="checkbox"/>		_____			

Please list **two relatives** in case of Emergency >

Name _____

Name _____

Address _____

Address _____

Telephone () _____

Telephone () _____

Work () _____

Work () _____

Please list two friend in case of emergency

Name _____

Name _____

Address: _____

Address: _____

Phone: _____ wk _____

Phone: _____

DO YOU HAVE THE PHYSICAL AND / OR MENTAL CAPABILITIES TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB ? YES () NO () IF NO, STATE THE ACCOMODATIONS THAT WOULD ALLOW YOU TO PERFORM THE JOB _____