



## Qualifying Information Application

### Personal Information:

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

Name: \_\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First MI

Present address: \_\_\_\_\_  
Street City State Zip

How long have you lived at this address? \_\_\_\_\_ Phone #: \_\_\_\_\_

Previous address: 1. \_\_\_\_\_  
Street City State Zip

2. \_\_\_\_\_  
Street City State Zip

How long have you lived there? 1. \_\_\_\_\_ 2. \_\_\_\_\_

Are you at least 18 years of age? \_\_\_ Yes \_\_\_ No If no, please state your age \_\_\_\_\_

Are you legally eligible for employment in the US? \_\_\_ Yes \_\_\_ No

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### Employment Information:

Trade/Skills applying for \_\_\_\_\_ Date available to start \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired \_\_\_ Full time \_\_\_ Part time \_\_\_ Temporary

Are you willing to work overtime, if required? \_\_\_ Yes \_\_\_ No

Are there any shifts or hours that you cannot work? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of any crime other than a minor traffic violation? \_\_\_ Yes \_\_\_ No

If yes, state date and places where charges occurred (Note: answering "Yes" will not automatically disqualify you for employment).

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Have you taken any illegal drugs in the past thirty (30) days? \_\_\_ Yes \_\_\_ No

Are you presently employed? \_\_\_ Yes \_\_\_ No If yes, may we contact your present employer \_\_\_ Yes \_\_\_ No

**Education:**

	Name and Location of School	Years Completed	Did you Graduate:	Degree Earned Major/Minor
High School			Yes ___ No ___	
College			Yes ___ No ___	
Graduate School			Yes ___ No ___	
Trade, Business or Correspondence School			Yes ___ No ___	

**Employment Experiences:**

Please give accurate, complete full and part time employment records. Start with your present or most recent employment first.

1	Company Name:	Telephone:
	Address:	Employed From : _____ To: _____
	Name of Supervisor:	Salary/Wages Start: _____ Finish: _____
	State job title and responsibilities:	Reasons for separation:
2	Company Name:	Telephone:
	Address:	Employed From : _____ To: _____
	Name of Supervisor:	Salary/Wages Start: _____ Finish: _____
	State job title and responsibilities:	Reasons for separation:
3	Company Name:	Telephone:
	Address:	Employed From : _____ To: _____
	Name of Supervisor:	Salary/Wages Start: _____ Finish: _____
	State job title and responsibilities:	Reasons for separation:

**References:**

List below the names of three persons, not related to you, whom you have known for at least one year.

Name	Address and Telephone	Business	Years Acquainted

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_