Becker-Jiba SUD Employment Application

PLEASE PRINT ALL
INFORMATION REQUESTED
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APPLICATION FOR EMPLOYMENT

Number Street City State Zip How long at this address Social Security No	City State Zip Social Security No
Last First Middle Maiden	City State Zip Social Security No
How long at this address Social Security No	Social Security No
How long at this address Social Security No	Social Security No
Phone Number If under 18, please list age	Days available to work No Pref Thurs. Mon Fri Tue Sat Wed Sun Can you work nights/Weekends?
Days available to work No Pref Thurs. Mon Fri Tue Sat Wed Sun (Per Hour) How many hours can you work weekly? Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME When available for work? TYPE OF SCHOOL NAME OF SCHOOL (Complete mailing address) NAME OF SCHOOL (Complete mailing address) NUMBER OF YEARS DEGREE High School College Bus. or Trade School Professional School	No Pref Thurs. Mon Fri Tue Sat Wed Sun Can you work nights/Weekends?
Position applied for (1)	No Pref Thurs. Mon Fri Tue Sat Wed Sun Can you work nights/Weekends?
Position applied for (1) Mon Fri Tue Sat Wed Sun (Per Hour) How many hours can you work weekly? Can you work nights/Weekends? Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME When available for work? TYPE OF SCHOOL NAME OF SCHOOL LOCATION (Complete mailing address) NUMBER OF YEARS DEGREE High School College	Mon Fri Tue Sat Wed Sun Can you work nights/Weekends?
Position applied for (1) Tue Sat wed Sun (Per Hour) How many hours can you work weekly? Can you work nights/Weekends? Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME When available for work? TYPE OF SCHOOL NAME OF SCHOOL LOCATION (Complete mailing address) NUMBER OF YEARS DEGREE High School	Tue Sat Wed Sun Can you work nights/Weekends?
How many hours can you work weekly? Can you work nights/Weekends? Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME When available for work? TYPE OF SCHOOL NAME OF SCHOOL LOCATION NUMBER OF YEARS (Complete mailing COMPLETED DEGREE	Can you work nights/Weekends?
How many hours can you work weekly? Can you work nights/Weekends? Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME When available for work? TYPE OF SCHOOL NAME OF SCHOOL LOCATION (Complete mailing address) NUMBER OF YEARS DEGREE High School College Bus. or Trade School Professional School	
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When available for work? TYPE OF SCHOOL NAME OF SCHOOL (Complete mailing address) High School College Bus. or Trade School Professional School	ACT-TIME ONLY POLE-OR PACT-TIME
TYPE OF SCHOOL NAME OF SCHOOL LOCATION (Complete mailing address) High School College Bus. or Trade School Professional School	
High School College Bus. or Trade School Professional School	te mailing COMPLETED DEGR
Bus. or Trade School Professional School	(635)
Bus. or Trade School Professional School	
Professional School	
Water Licenses	
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	10 e

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DO YOU HAVE A DRIVER'S LICENSE? Yes No								
What is your means of transportation to work?								
Driver's license numberState of issue Expiration date					Operator Co	ommercial (CD	L) Chauffeur	
			•					
Have you had any accidents during the past three years? Have you had any moving violations during the past three years?				low many? low Many?				
,	, ,		SKILLS					
Typing	Yes No	WPM	10-key	Yes No	Word Processin	Yes ng No	WPM	
Personal Computer	Yes No	iPhone Android		Other _ Skills				
Please list two	references	other than relatives	or previous emp	loyers.				
Name				Name				
Position				Position				
Company				Company				
Address				Address				
Telephone				Telephone)			
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.								
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	MILITA	ARY			
HAVE YOU EVER BEEN IN THE ARMED FORCES?		Yes	No		
ARE YOU NOW A MEMBER OF THE NATIONAL GU	ARD?	Yes	No		
Specialty	_Date Ente	ered		Discharge Date	

Work Please list your work experience for the past five years beginning with your most recent job held.

Experience If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State Zip Code Phone number		From Start			
		То	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.					

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State Zip Code Phone number		From	Start	
		То	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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APPLICATION FOR EMPLOYMENT

Work experience	Please list your work expe If you were self-employed	rience for the past , give firm name. A	five years beginning ttach additional she	with your most recent	job held.
Name of employ Address			Name of last supervisor	Employment dates	Pay or salary
City, State Zip C Phone number	Code			From	Start
				То	Final
			Your last job title		
Reason for leav	ing (be specific)				
List the jobs you company.	u held, duties performed, ski	lls used or learned,	advancements or pro	motions while you wo	rked at this
Name of employ Address			Name of last supervisor	Employment dates	Pay or salary
City, State Zip C Phone number	Jode			From	Start
				То	Final
			Your last job title		
Reason for leav	ing (be specific)				
List the jobs you company.	u held, duties performed, ski	lls used or learned,	advancements or pro	motions while you wo	rked at this
May we contact	your present employer?	Yes No			
Did you comple	te this application yourself	Yes No			
If not, who did?					

Signature Date