



4605 Navy Day Place Suitland, Maryland 20746  
 Telephone: 301 736-1389; Mobile: 202 409-1366

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT**

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

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

How long \_\_\_\_\_                      Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Can you work overnights? \_\_\_\_\_

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 COMPLETED	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 \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? \_\_\_ Yes \_\_\_ No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ Expiration 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? \_\_\_\_\_

Please list two references other than relatives or previous employers.

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.

<b>Work Experience</b>	Please list your work experience for the <b>past five years</b> beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>
Name of employer _____	Name of Last Supervisor _____
Address _____	Employment Dates: From _____ To _____
_____	Pay or Salary: Start _____ From _____
City _____	Your last job title _____
State _____	_____
Zip Code _____	Reason for leaving (be specific) _____
Phone number _____	_____
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