CREEKMOOR POA Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT



APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLE	ETE PAGES 1-4.		DATE	
Name				
	Last	First	Middle	Maiden
Present address				
	Number	Street	City State	Zip
How long			Social Security No.	
Telephone ()				
lf under 18, please	list age			
			Days/hours ava	ailable to work
Position applied for	r (1)		-	Thur
and salary desired	(2)		Mon	Fri
(Be specific)			Tue	Sat
			Wed	Sun
How many hours c	an you work weekly?		Can you work	nights?
Employment desire	ed DFULL-TIME ONLY			JLL- 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?

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.

Yes

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DO YOU H	AVE A DRIVI	ER'S LICE	ENSE?	🛛 Yes	🗆 No					
What is you	ir means of tr	ransportat	ion to woi	·k?						
	nse late				of issue _		Operator	🗅 Con	nmercial (CDL)	□Chauffeur
-	ad any accid			-					nany?	
Have you h	ad any movir	ng violatio	ns during	the past	three yea	rs?		How N	/lany?	
					OFFI	CE ONLY				
Typing Personal Computer	□ Yes □ No □ Yes □ No	PC Mac	_ WPM		10-key	Other _			□ Yes □ No	
Computer		IVIAC	-			OKIIS _				
Please list	wo reference	es other th	an relativ	es or prev	vious emp	oloyers.				
Name						Name _				
Position						Position				
Company _						Compar	ıy			
Address						Address	i			
Telephone	()					Telepho	ne <u>()</u>			
space belo									nplete backgrour ns for the specifi	

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	MILITARY			
HAVE YOU EVER BEEN IN THE ARMED FORCES?	Yes	🗆 No		
ARE YOU NOW A MEMBER OF THE NATIONAL GU	ARD?	🛛 Yes	🗆 No	
Specialty	Date Entered			_ Discharge Date

WorkPlease list your work experience for the past five years beginning with your most recent job held.ExperienceIf you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address	Name of last supervisor				
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, company.	advancements or pro	motions while you woi	rked at this		

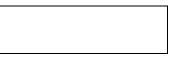
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your Last Job Title		

Reason for leaving (be specific)

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		То	Final		
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Reason for leaving (be specific)					
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May we contact your present employer?	Yes	🗆 No
Did you complete this application yourself	Yes	🗆 No
If not, who did?		

CREEKMOOR POA APPLICATION FORM

ADDITIONAL INFORMATION (IF ANY)