**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Date: | Click here to enter a date. |  |
|  |
| Name: | Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |  |
|  | Last |  | First |  | Middle |  | Maiden |  |
|  |
| Current Address: | Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |  |
|  | Number |  | Street |  | City, State, Zip |  |
| How Long? | Click here to enter text. |  | Social Security Number: | Click here to enter text. |  |
|  |
| Telephone: | Click here to enter text. |  | Date of Birth (If under 18, current age): | Click here to enter text. |  |
|  |
| Position(s) applied for and salary desired (be specific): |  |
| (1) | Click here to enter text. |  |
| (2) | Click here to enter text. |  |
|  |
| Days/hours available to work: |  [ ] No Pref [ ] Mon [ ] Tues [ ] Wed [ ] Thur [ ] Fri [ ] Sat [ ] Sun |  |
|  |
| How many hours can you work weekly? |  | Click here to enter text. |  | Can you work nights? |  ☐ Yes [ ]  No |  |
|  |
| Employment desired: |  | [ ] Full-time only |  | [ ] Part-time only |  | [ ] Full-or part-time |  |
|  |
| Date available to start work: | Click here to enter text. |  |
|  |

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION(Complete Mailing Address) | NUMBER OF YEARS COMPLETED | MAJOR/DEGREE |
| High School | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| College | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Bus. or Trade School | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Professional School | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | MAINTENANCE ONLY |  |  |
|  |
| DO YOU HAVE A DRIVER’S LICENSE? |  [ ]  Yes [ ]  No |
|  |
| What is your means of transportation to work? | Click here to enter text. |  |
|  |
| Driver’s license number: | Click here to enter text. |  | Expiration Date: | Click here to enter text. |  |
|  |
| State of Issue: | Click here to enter text. |  | [ ]  Operator [ ]  Commercial (CDL) [ ]  Chauffeur |
|  |
| Have you had any accidents during the past three years? | [ ]  Yes [ ]  No | How Many? | Click here to enter text. |  |
|  |
| Have you had any moving violations during the past three years? | [ ]  Yes [ ]  No | How Many? | Click here to enter text. |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | OFFICE ONLY |  |  |
|  |
| Typing: [ ]  Yes | Click here to enter text.  | WPM [ ]  No |  |
|  |
| Computer: [ ]  Yes [ ]  No [ ]  PC [ ]  MAC [ ]  Other | Click here to enter text. |  |
|  |
| 10-Key: [ ]  Yes | Click here to enter text. | KSPM | [ ]  No |  |
|  |
| Other Skills: | Click here to enter text. |  |
| (List programs and skills. For example: Excel, Word, etc.) Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | MILITARY ONLY |  |  |
|  |
| HAVE YOU EVER EEN IN THE ARMED FORCES? |  [ ]  Yes [ ]  No |
|  |
| Specialty: | Click here to enter text. |  | Date Entered: | Click here to enter text. |  | Discharge Date: | Click here to enter text. |  |
|  |
| ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? |  [ ]  Yes [ ]  No |  |
|  |
| Specialty: | Click here to enter text. |  | Date Entered: | Click here to enter text. |  | Discharge Date: | Click here to enter text. |  |
|  |

|  |
| --- |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? [ ]  No [ ]  YesIf 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:Click here to enter text. |

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**WORK EXPERIENCE**

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of employer: | Click here to enter text. |  |
|  |
| Address: | Click here to enter text. |  |
|  |
| City, State, Zip: | Click here to enter text. |  |
|  |
| Phone Number: | Click here to enter text. |  |
|  |
| Name of last Supervisor: | Click here to enter text. |  |
|  |
| Your last job title: | Click here to enter text. |  |
|  |
| Employment Dates: |  From: | Click here to enter text. |  | To: | Click here to enter text. |  |
|  |
| Pay or Salary: |  Start: | Click here to enter text. | Final: | Click here to enter text. |  |
|  |
| Reason for leaving (be specific): | Click here to enter text. |  |
|  |
| May we contact: |  [ ]  Yes [ ]  No |
|  |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:Click here to enter text. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of employer: | Click here to enter text. |  |
|  |
| Address: | Click here to enter text. |  |
|  |
| City, State, Zip: | Click here to enter text. |  |
|  |
| Phone Number: | Click here to enter text. |  |
|  |
| Name of last Supervisor: | Click here to enter text. |  |
|  |
| Your last job title: | Click here to enter text. |  |
|  |
| Employment Dates: |  From: | Click here to enter text. |  | To: | Click here to enter text. |  |
|  |
| Pay or Salary: |  Start: | Click here to enter text. | Final: | Click here to enter text. |  |
|  |
| Reason for leaving (be specific): | Click here to enter text. |  |
|  |
| May we contact: |  [ ]  Yes [ ]  No |
|  |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:Click here to enter text. |

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**REFERENCES**

|  |
| --- |
| Please list **TWO** references other than relatives or previous employers: |
| Name | Click here to enter text. |  | Name | Click here to enter text.Click here to enter text.Click here to enter text. |  |
| Position | Click here to enter text. |  | Position | Click here to enter text. |  |
| Company | Click here to enter text. |  | Company | Click here to enter text. |  |
| Address | Click here to enter text. |  | Address | Click here to enter text. |  |
| Telephone | Click here to enter text. |  | Telephone | Click here to enter text. |  |
|  |

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| --- |
| 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. If additional space is needed, please attach another sheet.Click here to enter text. |

Did you complete this application yourself? [ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| If not, who did? | Click here to enter text. |  |
|  |
| *I certify that all the information provided above is true and correct to the best of my knowledge. I understand that my employment may be terminated if I have made any material, false, or incomplete statements on this application. Furthermore, I authorize Berg Management to perform verification of the information provided on this application, which includes, but is not limited to: conducting a consumer credit report, a criminal background check, as well as verifying previous employers.* |
|  |  |  |
| Click here to enter text. |  |  |
| Applicant’s Printed Name |  |  |
|  |  |  |
| Applicant’s Signature |  |  | Date |