Personal Information



EMPLOYMENT APPLICATION

Position Applying For: _			Date:				
Last Name Firs	t Name	Middle Name					
Street Address	Apt. #	City	State Zip				
() Home Telephone Number		(<u>)</u> Cell/Work/M	- essage Telephone Number				
Email:		_					
May we contact you at wo	rk? Yes	No					
If you are a finalist for reference?	this position, m	ay we contact y	our current employer for a				
	Yes	No					
Are you legally eligible for employment in the United States? Yes No Proof of eligibility will be required at time of employment.							
Are you aware of any reason you cannot perform the essential functions of this job with							
or without reasonable acc	ommodation?	Yes	No				
Do you have relatives wor	king for DLCC	Yes	No				
Dept.							
Name:		Relation	ship:				
Comments:							

Which of the following do you have? High School Diploma GED										
PLEASE LIST BELOW A	LL EDUC	CATION	BEYOND H	HIGH SC	HOOL					
School Name and Location		tes	Major		edits	Degree/Year				
School Name and Location	From: To:		Major	Sem.	Qtr.	Received				
List any special training, workshops, seminars, etc. in which you have participated which relate to or are required for this position(s), certification(s), or other miscellaneous qualifications.										
Please list your special skills and/or proficiency in the operation of specific equipment required for this position:										
I certify that all statements applicable) are true and contains any false statements of disqualification or dismissa	omplete r omiss	to the be ion of	st of my kr	nowledge acts ma	e. I und ay subj	erstand iect me	that			
Signature			 Date							

Beginning with your most recent job, list all employment for the last 3 Positions

Company Name	Position Title		From (Month/Year)	To (Month/Year)		
Company Address/Phone	Name & Title of Supervisor		Hours Worked pe Week			
	Salary	Reason for Leav	ing			
	\$					
Description of Duties:		I				
Company Name	Position Title		From (Month/Year)	To (Month/Year)		
Company Address/Phone	Name & Title of Supervisor			Hours Worked per Week		
	Salary	Reason for Leav	ing	L		
	\$					
Description of Duties:						
Company Name	Position Title		From (Month/Year)	To (Month/Year)		
Company Address/Phone	Name & Title of Supervisor		Hours Worked per Week			
	Salary Reason for Leaving			1		
	\$					
Description of Duties:						
Please Print Name		Social Se	ecurity			
Have you ever been convicted of a	-	Yes		No		
If you answered yes to either	question, please	e explain:				

Employment History