



EMPLOYMENT APPLICATION

APPLICANT INFORMATION										
Last Name					First				M.I.	Date
Street Address								Apartment/Unit #		
City					State				ZIP	
Phone					E-mail Address					
Date Available				Social Security #				Desired Salary		
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for the Miller Center?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							

EDUCATION										
High School					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

PREVIOUS EMPLOYMENT

Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact this previous employer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			

Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact this previous employer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			

Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact this previous employer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			

MILITARY SERVICE

Branch					From		To	
Rank at Discharge					Type of Discharge			
If other than honorable, explain								

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate separation.

Signature					Date		
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