



EMPLOYMENT APPLICATION

NAME/ADDRESS

Last:		First:	Middle Initial:	Social Security Number:
Address:				Telephone:
City:	State:	Zip:	Pager/Cellular:	
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Explain _____ _____ _____				

DESIRED EMPLOYMENT

Position:	Date You Can Start:	Desired Salary:
Are You Currently Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Employed, May We Inquire of Your Current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Previously Applied to C.I.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where & when:	

EDUCATION

High School	Name & Location of School	
	Years Attended (Diploma/Degree)	Date Graduated / Grade Completed
University / College	Name & Location of School	
	Years Attended (Diploma/Degree)	Date Graduated / Grade Completed
Trade, Business or Correspondence School	Name & Location of School	
	Years Attended (Diploma/Degree)	Date Graduated / Grade Completed

EMPLOYMENT HISTORY

Employer:		Job Title:
Address:		Duties:
Phone:		Salary:
Date From:	Date To:	Reason for Leaving:
Employer:		Job Title:
Address:		Duties:
Phone:		Salary:
Date From:	Date To:	Reason for Leaving:
Employer:		Job Title:
Address:		Duties:
Phone:		Salary:
Date From:	Date To:	Reason for Leaving:

REFERENCES

Name:	Occupation:
Address:	Relationship:
Phone Number:	Years Known:
Name:	Occupation:
Address:	Relationship:
Phone Number:	Years Known:
Name:	Occupation:
Address:	Relationship:
Phone Number:	Years Known:

PHYSICAL RECORD

Do you have any physical disabilities that prevent you from performing the work for which you are applying? If so, describe:		
Have you ever been injured?	Provide Details:	
In case of emergency notify: Name:	Address:	Phone:

ADDITIONAL AREAS OF EXPERTISE

Areas of specialized study, research or additional experience:		
List the foreign languages you speak fluently:	Read:	Write:
U.S. Military Service:	Rank:	Present membership in National Guard or Reserves:

Signature

Date

FOR INTERNAL USE ONLY

Interviewer:	Date:
Comments	