

JOB APPLICATION
MERCER COUNTY WARC

PERSONAL INFORMATION

Name: _____ SSN: _____ DOB: _____

Present Address: _____

Home Phone #: _____ Cell #: _____

Driver's License- Yes _____ No _____ Email: _____

In Case of Emergency, Notify: _____

Phone #: _____

GENERAL INFORMATION

Type of work sought: _____

Date you can start: _____ Salary or Wage Expected: _____

Circle Highest Grade Completed: 8 9 10 11 12 GED

Date of GED or High School Graduation: _____

Are you presently employed? Yes _____ No _____

If yes may we contact your employer? Yes _____ No _____

Hours/Days you are willing to work? M: _____ T: _____ W: _____ Th: _____ Fri: _____ Sat: _____
Sun: _____ Hours: _____ Am: _____ Pm: _____

PLEASE COMPLETE THE WORK HISTORY SECTION, STATRTING WITH YOUR PRESENT OR MOST RECENT JOB FIRST.

A.

1. Company: _____ City: _____
2. State: _____ Job Title: _____
3. Duties: _____

- 4. Equipment Operated: _____
- 5. Date Started: _____ Date Ended: _____
- 6. Gross Pay: _____ Reason for Leaving: _____

B.

- 1. Company: _____ City: _____
- 2. State: _____ Job Title: _____
- 3. Duties: _____
- 4. Equipment Operated: _____
- 5. Date Started: _____ Date Ended: _____
- 6. Gross Pay: _____ Reason for Leaving: _____

Please summarize any other work history you may have:

REFERENCES: Please list below three individuals who are not related to you and are not previous employers.

NAME	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a misdemeanor or felony? _____

If yes, describe the circumstances and date of conviction:

***** Background performed before any employment. Initial Here:** _____

***** Answering yes does not necessarily disqualify you from consideration for employment.**

Date: _____ Signature of applicant: _____