

VIENNA – ARMSTRONG MANAGEMENT CORPORATION

EMPLOYEE APPLICATION

Applicants May Be Tested For Illegal Drugs

PLEASE COMPLETE PAGES 1-4

Date: _____

Name: _____
Last First Middle Maiden

Present Address: _____
Number Street City State Zip

How Long: _____ Social Security # ____ - ____ - _____

Telephone: _____ If under 18 list age: _____

Position Applied For: (1) _____ Days/Hrs available to work
And salary desired (2) _____ No Pref _____ Thurs _____
(be specific) Mon. _____ Frid. _____
Tues. _____ Sat _____
Wed. _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: _____ Full Time Only _____ Part Time Only _____ Full or Part Time

When Available For Work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION Mailing address	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ NO _____ YES

If 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.

Military

HAVE YOU EVER BEEN IN THE ARMED FORCES? _____ YES _____ NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? _____ YES _____ NO

Specialty _____ Date Entered _____ Discharge Date _____

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 Address City, State, Zip Phone Number

Name of Last Supervisor	Employment Dates	Pay or Salary
	From:	Start
	To:	Finish

YOUR LAST JOB TITLE: _____

Reason For Leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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 Address
 City, State, Zip
 Phone Number

Name of last Supervisor	Employment Dates	Pay or Salary
	From:	Start
	To:	Finish

YOUR LAST JOB TITLE: _____

Reason for Leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

DO YOU HAVE A DRIVER'S LICENSE? ____YES ____NO

What is your means of transportation to work? _____

Driver's License

Number: _____ State of Issue _____ Operator ____ Commercial _____

Expiration Date: _____

Have you had any accidents during the past three years?

How Many? _____

Have you had any moving violations during the past three years?

How Many? _____

PLEASE LIST REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.

Name: _____ Name: _____

Position: _____ Position: _____

Company: _____ Company: _____

Address: _____ Address: _____

Telephone: () _____ Telephone: () _____

OFFICE ONLY

Typing: ____Yes ____No WPM _____ 10Key ____Yes ____No

Word Processing ____Yes ____No ____WPM Other Skills: _____

Personal Computer ____Yes ____No PC _____ MAC _____

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.

Empty space for additional information.