



APPLICATION FOR EMPLOYMENT

LAST NAME	FIRST NAME	MIDDLE NAME	Home Phone No.
			Business Phone No.
Address		City, State and Zip	Social Security Number:
Are you under 18? Are you prevented from lawfully becoming employed in the U.S. because of Visa or immigration status? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, comments:			
Have you either (1) been convicted by any court, including a court of military justice, of a criminal offense, or (2) been released from prison following conviction of a criminal offense? Minor traffic offenses should be excluded unless applying for a position which requires operation of a company vehicle. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state date, place and nature of each conviction:			
<small>(A conviction will not automatically disqualify an applicant for a particular job. The type and seriousness of the crime, the frequency of violations, the applicant's age at the time of conviction and the applicant's entire work and education history will be considered.)</small>			
Have you ever filed an application with Alpha Corporation? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever worked for Alpha Corporation before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give dates of employment: _____			
Have you been known by any other name(s) which Alpha Corporation will require to verify your educational, employment and criminal records as furnished in this application? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name(s) and identity related school, employer or criminal conviction:			
POSITION APPLIED FOR: _____ DATE AVAILABLE FOR EMPLOYMENT: _____ BASE SALARY OR WAGE RATE REQUESTED: _____			
How did you learn about our employment opportunities? <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other			

EDUCATION

Type of School	Name and Address	(Circle) Last Yr. Completed	Graduated/ Degreed	Major Subjects/ Degrees/Year Rcvd.
High School		9 10 11 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		1 2 3 4 5 6	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Advanced Degrees		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business, Trade or Apprentice			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Military		Subjects Covered:		
Other				

OTHER SKILLS

Foreign Languages	Speak				Read				Write			
	Excell.	Good	Fair	Slight	Excell.	Good	Fair	Slight	Excell.	Good	Fair	Slight
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List Scholarships, fellowships, honors, etc. received:
List Publications, thesis, professional affiliations, etc.:

PRESENT AND PRIOR EMPLOYMENT

Give details of your last four employers, and, where necessary, list other previous positions which will account for your employment record over the past 10 years. List present or last position first and account for all lapses of time. Include details of military service where service specialties or duties are relevant to the job or position you are seeking with Alpha Corporation.

Present or Last Position	From (Date) To (Date)	Last Base Rate of Pay and Total Comp.
Company Name and Phone No.		
Type of Business		
Briefly Describe Your Duties		
Name and Title of Supervisor	Reason for Leaving (Be specific: Quit, Layoff, Discharge, etc.)	

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Type of Business		
Briefly Describe Your Duties		
Name and Title of Supervisor	Reason for Leaving (Be specific: Quit, Layoff, Discharge, etc.)	

OTHER PREVIOUS POSITIONS

From		To		Name of Company	Position Held	Last Base Rate of Pay	Reason for Leaving
Mo.	Yr.	Mo.	Yr.				

May your present employer be contacted? Yes No Can salary, employment dates and job title be verified with HR? Yes No

Other job related qualifications you feel are relevant:

SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS

Software Experience							
				Proficiency Level	Years of Experience		
				High <input type="checkbox"/>	Ave. <input type="checkbox"/>	Basic <input type="checkbox"/>	
				High <input type="checkbox"/>	Ave. <input type="checkbox"/>	Basic <input type="checkbox"/>	
				High <input type="checkbox"/>	Ave. <input type="checkbox"/>	Basic <input type="checkbox"/>	
				High <input type="checkbox"/>	Ave. <input type="checkbox"/>	Basic <input type="checkbox"/>	
Hardware Experience							
				Proficiency Level	Model	Language	
				High <input type="checkbox"/>	Ave. <input type="checkbox"/>	Basic <input type="checkbox"/>	
				High <input type="checkbox"/>	Ave. <input type="checkbox"/>	Basic <input type="checkbox"/>	
				High <input type="checkbox"/>	Ave. <input type="checkbox"/>	Basic <input type="checkbox"/>	
				High <input type="checkbox"/>	Ave. <input type="checkbox"/>	Basic <input type="checkbox"/>	
Office and Clerical Experience			Personal Computer: (Types and Major Applications)				
Typing Speed: _____ wpm			_____				
Shorthand: _____ wpm			_____				

PROFESSIONAL REFERENCES

List three professional references, to include, if possible, at least two previous supervisors.

	Name	Relationship to You	Current Position	Years Known	Phone Number
1					
2					
3					

AGREEMENT

I hereby apply for employment by Alpha Corporation and state that:

The information contained in this application is true to the best of my knowledge and belief, and I understand and agree that misrepresentation, false statement or omission of fact by me in connection with the application will constitute justifiable cause for Alpha Corporation not to employ me or, if employed, to terminate my employment for cause.

I understand and agree that all information furnished in this application may be verified by Alpha Corporation. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Alpha Corporation all information relative to such verification and hereby release such individuals, organizations and Alpha Corporation from any and all liability for any claim or damage resulting therefrom.

I understand that, if I am employed by Alpha Corporation and as conditions of my continued employment by Alpha Corporation, I will be required to furnish proof of eligibility to work in the U.S. as required by the Immigration Reform and Control Act. I understand that I will be required to execute certain agreements with Alpha Corporation (including employee agreements regarding inventions, information and conflicts of interest).

Signature: _____ Date: _____

This application will be kept in the Alpha Corporation active files for six months. If the applicant is not hired during that period, the applicant must complete and execute a new application to be considered for employment.