



# Application for Employment

Date: \_\_\_\_\_

Type or print in blue or black ink. Answer all questions which are applicable. Do not state "see resume"

Personal Information			
Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Phone Number	Daytime Phone (if different)	Social Security Number	
Fax Number	E-Mail Address		

Employment Information	
Position for which you are applying: _____	
Are you employed at the present time? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please complete the information below	
Employer's Name: _____	
Employer's Address: _____	
1. How long have you been working for this employer? _____ Present Salary/Wage: _____	
2. If offered a position, when are you able to start work? _____	
3. Can you show proof of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you ever been dismissed, or asked to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A yes answer to the above question does not necessarily disqualify an applicant from employment.	
If yes to number 4 or 5, please explain: _____	
_____	

Education	
Please list all schools attended and any other pertinent information about your education.	
School(s)	Subject's Studied (if applicable)
High School	
College (including dates attended)	

**Employment Experience (List most recent experience first)**

Employer Name & Address	Position(s) Held	Dates (Start - End)

**References**

Name & Address (include City, State Zip)	Phone	Relationship

**The following section is to be completed by applicant for an OFFICE POSITION**

Can you type?     Yes     No    If yes, how many words per minute? \_\_\_\_\_

**Computer Skills**

Please provide computer and software knowledge below:

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It is the policy of Millennium Technologies to maintain a drug free workplace. Millennium Technologies will conduct pre-employment drug screening. This is done for the safety of the employees, and for the welfare of the company.

I certify that all statements made herein and on the enclosed resume' are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_