



EMPLOYMENT APPLICATION

Provide all information requested by printing in ink or keying. Use the tab key to move through the document.

GENERAL INFORMATION

| | | | |
|---------------------------|---------|------------------|------------------------------|
| Name (Last) | (First) | (Middle Initial) | Home Telephone () - |
| Address (Mailing Address) | (City) | (State) | (Zip) Cell Phone () - |
| E-mail Address | | | |

POSITION

| | |
|---|--|
| Position or Type of Employment Desired | Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time |
| Have you ever been employed at the Merit Corporation before? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Available |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Salary Desired | |

EDUCATION AND TRAINING

| School or Institution | Name and Address of School | Major | Year Graduated | Degree |
|---|----------------------------|---|----------------|--------|
| High School | | | | |
| College | | | | |
| College | | | | |
| Other | | | | |
| Special Abilities and Skills | | Professional Certificates or Licenses Held | | |
| Extracurricular Activities | | Present Community and Professional Affiliations | | |
| Languages Read, Written or Spoken Fluently Other Than English | | | | |

REFERENCES

List below names and addresses of persons who are qualified to answer questions concerning your fitness for the position(s) you seek other than those listed in your credential file.

| Name | Position | Address | Telephone |
|------|----------|---------|-----------|
| | | | |
| | | | |
| | | | |

WORK EXPERIENCE—Most recent first, include voluntary work

| | | |
|--|-----------------------------|--|
| Employer | Telephone Number () - | From (Month/Year) |
| Address | | |
| Job Title | Number Employees Supervised | To (Month/Year) |
| Specific Duties (Maximum 350 characters) | | Hours Per Week |
| | | Last Salary |
| | | Supervisor |
| | | Reason For Leaving |
| | | May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer | Telephone Number () - | From (Month/Year) |
| Address | | |
| Job Title | Number Employees Supervised | To (Month/Year) |
| Specific Duties (Maximum 350 characters) | | Hours Per Week |
| | | Last Salary |
| | | Supervisor |
| | | Reason For Leaving |
| | | May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____