



# MASTER JOB APPLICATION

State Form 48245 (R4 / 6-12) / IMP 0021

The information contained on this form is **CONFIDENTIAL** according to 470 IAC 1-2-7, 470 IAC 1-3-1, and 470 6-1-1.

## PERSONAL INFORMATION

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, are you legally allowed to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Registration number	
Date (month, day, year)			Social Security number (Please enter last four (4) digits only) XXX-XX-_____		
Name (last, first, middle)					
Present address (number and street, city, state, and ZIP code)					
Permanent address (number and street, city, state, and ZIP code)					
Primary telephone number ( )			Alternate telephone number ( )		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, explain in full. (Attach additional sheet, if necessary.)			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what type? <input type="checkbox"/> Operator <input type="checkbox"/> Commercial <input type="checkbox"/> Chauffeur			

## EMPLOYMENT DESIRED

Position for which you are applying		Date you can start (month, day, year)		Salary desired	
Are you currently employed?			If so, may we contact your present employer?		
Have you ever applied to this company before?			Where?		When?
Work preference <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No preference					

## EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED AND CERTIFICATE, DIPLOMA, DEGREE RECEIVED
ELEMENTARY/ MIDDLE SCHOOL		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any special studies, skills, and experiences, or foreign language abilities that could enhance your job performance.


## PHYSICAL RECORD (Do you have any physical condition which may limit your ability to perform the job for which you are applying?)

This question is voluntary, and any answers will be kept confidential.


**EMPLOYMENT HISTORY (List your last four employers starting with the most recent)**

Name of employer and address:		Position title, duties, and skills:		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
				Reason for leaving:	
Pay: \$	Per:	Name of supervisor	Telephone number ( )		
Name of employer and address:		Position title, duties, and skills:		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
				Reason for leaving:	
Pay: \$	Per:	Name of supervisor	Telephone number ( )		
Name of employer and address:		Position title, duties, and skills:		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
				Reason for leaving:	
Pay: \$	Per:	Name of supervisor	Telephone number ( )		
Name of employer and address:		Position title, duties, and skills:		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
				Reason for leaving:	
Pay: \$	Per:	Name of supervisor	Telephone number ( )		

**MILITARY SERVICE**

Branch of service	Period of active duty From	To	Rank at discharge
Describe duties / specialized training.			

**ORGANIZATIONS AND VOLUNTEER ACTIVITIES (List responsibilities and offices)**


**REFERENCES (Give below the names of three persons not related to you, whom you have known at least one year)**

Name	Address	Telephone Number	Business	Years Acquainted

I authorize investigation of all statements contained in this application. I understand that misrepresentation of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature	Date (month, day, year)
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