

Office Application  
Date \_\_\_/\_\_\_/\_\_\_

Last Name\_\_\_\_\_ First Name\_\_\_\_\_

Present Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ SS#\_\_\_\_\_

Referred by\_\_\_\_\_

Position Desired\_\_\_\_\_ Date You Can Start\_\_\_/\_\_\_/\_\_\_

Are You Employed YES\_\_\_\_\_ NO \_\_\_\_\_

Can we inquire with your present employer YES\_\_\_\_\_ NO \_\_\_\_\_

Have you ever applied with us before YES\_\_\_\_\_ NO \_\_\_\_\_

Level of education finished GED\_\_\_ High School\_\_\_ College\_\_\_  
Technical School\_\_\_\_\_

Driver License#\_\_\_\_\_

Last two employers:

From \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
Name and Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_

Salary\_\_\_\_\_ Position\_\_\_\_\_ Reason For  
Leaving\_\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
Name and Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_

Salary\_\_\_\_\_ Position\_\_\_\_\_ Reason For Leaving\_\_\_\_\_

\_\_\_\_\_ DO NOT WRITE BELOW THIS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Fill Out All Questions  
**(OFFICE HELP APPLICATION)**

1. Do you mind working Week ends      Yes\_\_ NO \_\_
2. Do you mind working Holidays      Yes\_\_ NO \_\_
3. What days do you prefer to work  
    \_\_Mon \_\_Tues \_\_Wed \_\_ Thurs \_\_Fri \_\_Sat \_\_Sun
  
4. Are you applying for    \_\_ Full time \_\_ Part time \_\_
  
5. What are the minimum hours you would like to work in a week \_\_  
the Maximum\_\_?
  
6. Computer experience  
    Basic Computer knowledge \_\_ None \_\_ Basic Knowledge \_\_ Proficient  
    Software knowledge  
    Z-Bake      (SBT)      \_\_ None \_\_ Basic Knowledge \_\_ Proficient  
    QuickBooks      \_\_ None \_\_ Basic Knowledge \_\_ Proficient  
    Word      \_\_ None \_\_ Basic Knowledge \_\_ Proficient  
    Excel      \_\_ None \_\_ Basic Knowledge \_\_ Proficient  
    Publisher      \_\_ None \_\_ Basic Knowledge \_\_ Proficient  
    Outlook      \_\_ None \_\_ Basic Knowledge \_\_ Proficient

Other Programs you have knowledge of, if any

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7. Have you ever been convicted of a felony Yes \_\_ No \_\_ If yes please explain  
    \_\_\_\_\_  
    \_\_\_\_\_
  
8. Is there a certain time you need to leave by at night Yes\_\_ No \_\_ If yes please say what time. \_\_\_\_\_

Additional information you would like to add

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