



## Dr. G's Creations Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE. APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS. PLEASE COMPLETE PAGES 1-5.

Dr. G's Creations Is an Equal Opportunity Employer.

DATE \_\_\_\_\_

NAME (Last, First, Middle)

\_\_\_\_\_

PRESENT ADDRESS

\_\_\_\_\_

CITY STATE ZIP

\_\_\_\_\_

How long at this address? \_\_\_\_\_

PH #(S) (\_\_\_\_\_) \_\_\_\_\_

Position applied for (1) \_\_\_\_\_

Salary desired (2) \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Employment desired \_\_\_\_ FULL-TIME ONLY \_\_\_\_ PART-TIME ONLY \_\_\_\_ INTERNSHIP

When are you available to start work? \_\_\_\_\_

### Education

Type of School	Name School	Location	Number Years	Major/Degree
High School				
College				
Trade School				

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**       No       Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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**DO YOU HAVE A DRIVER'S LICENSE?**       Yes       No

What is your means of transportation to work? \_\_\_\_\_

**Driver's License State of Issue** \_\_\_\_\_       Operator       Com'l (CDL)       Chauffeur

**Expiration Date** \_\_\_\_\_

**Have you had any accidents during the past three years? How many?** \_\_\_\_\_

**Have you had any moving violations during the past three years? How many?** \_\_\_\_\_

## SKILLS

### Are You Proficient in the following PC Computer Skills?

MS Word                      Yes \_\_\_                      No \_\_\_

MS Excel                      Yes \_\_\_                      No \_\_\_

E-mail                      Yes \_\_\_                      No \_\_\_

Facebook                      Yes \_\_\_                      No \_\_\_

Internet Research                      Yes \_\_\_                      No \_\_\_

Web Design                      Yes \_\_\_                      No \_\_\_

Other \_\_\_\_\_

### Please list two references other than relatives or previous employers.

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Rank \_\_\_\_\_ Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**Work Experience**

Please list your work experience for the **past five years** beginning with your most recent job held.

If you were self-employed, give company name. **Attach additional sheets if necessary.**

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Name of last Supervisor \_\_\_\_\_  
Employment Dates \_\_\_\_\_  
Your Last Job Title \_\_\_\_\_  
Duties Performed & Skills Learned \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pay or Salary \_\_\_\_\_  
Reason for Leaving (Be Specific) \_\_\_\_\_

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Name of Last Supervisor \_\_\_\_\_  
Employment Dates \_\_\_\_\_  
Your Last Job Title \_\_\_\_\_  
Duties Performed & Skills Learned \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pay or Salary \_\_\_\_\_  
Reason for Leaving (Be Specific) \_\_\_\_\_

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Name of last Supervisor \_\_\_\_\_  
Employment Dates \_\_\_\_\_  
Your Last Job Title \_\_\_\_\_  
Duties Performed & Skills Learned \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pay or Salary \_\_\_\_\_  
Reason for Leaving (Be Specific) \_\_\_\_\_

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Name of Last Supervisor \_\_\_\_\_  
Employment Dates \_\_\_\_\_  
Your Last Job Title \_\_\_\_\_  
Duties Performed & Skills Learned \_\_\_\_\_

Pay or Salary \_\_\_\_\_  
Reason for Leaving (Be Specific) \_\_\_\_\_

May we contact your present employer?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Did you complete this application yourself?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If not, who did & relation?      \_\_\_\_\_

By signing you are testifying that all information is true to your belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_