

WYO-510  
8/93

# EMPLOYMENT APPLICATION

APEX SURVEYING

(Employer Name)

Equal opportunity employer. Applicants are considered for employment without regard to sex, marital status, race, color, religion, creed, national origin, age, physical or mental disability:

Salary desired \_\_\_\_\_ Job applied for \_\_\_\_\_

## Your application is a permanent part of your record.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address/P. O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_ Message Telephone Number \_\_\_\_\_  
Are you a United States citizen?  Yes  No U.S. MILITARY SERVICE

Branch of Service \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Duty & training while in service: \_\_\_\_\_

If no, Alien Registration # \_\_\_\_\_  
Are you looking for a full time position?  Part-time position?  Temporary position?   
Do you prefer to work? Days?  Evenings?  Nights?  Weekends?

If necessary for the job, are you over? 16 18 21 25 (please circle)

### EMPLOYMENT HISTORY - List your most recent position first. (Please do not "refer to resume.")

Employer			Work Performed
Address	Telephone		
Job Title	Dates		
	From:	To:	
Supervisor	May we contact this employer?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving			

Employer			Work Performed
Address	Telephone		
Job Title	Dates		
	From:	To:	
Supervisor	May we contact this employer?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving			

Employer			Work Performed
Address	Telephone		
Job Title	Dates		
	From:	To:	
Supervisor	May we contact this employer?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving			

Employer			Work Performed
Address	Telephone		
Job Title	Dates		
	From:	To:	
Supervisor	May we contact this employer?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving			

## SKILLS

Summarize special skills, qualification, and equipment used.

---



---



---

Transportation to job?  Yes  No      Driver's License: \_\_\_\_\_

State/Type \_\_\_\_\_

## EDUCATION

	High School				College/University				Graduate/Professional				Major	
	9	10	11	12	GED	1	2	3	4	1	2	3		4
Years Completed														
Diploma/Degree/Certificate														
Other Education/Training														

## PERSONAL/PROFESSIONAL REFERENCES

List three references other than relatives:

Name	Address	Telephone Number	Occupation	Length of Acquaintance

## OTHER

Additional comments you feel would assist us in evaluating your qualifications.

---



---



---

Are you willing to relocate? \_\_\_\_\_

---

## APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If necessary for employment in a specific position, you may be required to have a physical examination, drug screen, to provide evidence of citizenship or date of birth, or to sign a conflict of interest agreement and abide by its terms.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

EMPLOYER SECTION: \_\_\_\_\_

---



---



---



---



---