

# Pouncing Rain Employment Application

Position:

Date:

## PERSONAL INFORMATION

Name (Last, First, Middle)	Telephone Number
Address	Message Number
City/State/Zip	E-mail Address

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are You Applying For: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp	What Shift(s) Will You Work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	May We Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

## EMPLOYMENT HISTORY - Begin With Most Recent Employment

Dates From	To	Company Name	City, State
Titles and Duties –			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties –			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties –			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties –			
Reason for Leaving:		Supervisor's Name	Telephone Number

**MILITARY - Branch of Service:**

Describe any military training received relevant to the position for which you are applying:

**EDUCATION/TRAINING - Include Technical/Academic Achievements/Courses**

Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School	Name & Location	Diploma/Degree	Subject Of Specialization
College/University			
Specialized Courses & Training			

**Computer Experience**

		EXCELL KNOWLEDGE	Yes	No		Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
List Specific Computer Programs You HAVE KNOWLEDGE OF –							

**PROFESSIONAL & TECHNICAL INFORMATION - To Be Completed for Licensed/Registered Positions**

Registration No.	Expiration Date	Certificate No.	Expiration Date
If not licensed in Idaho, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		If licensed in another state, list:	

**OTHER SPECIAL SKILLS - List Other Specific Skills You Have to Offer for This Job Opening:**

**REFERENCES - Give the Names of Three Persons Not Related to You**

Name	Address	Telephone	Occupation

The information on this application is true and accurate to the best of my knowledge.

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