

PERSONAL INFORMATION FORM

TODAY'S DATE _____

Name _____ County you live in now? _____

Complete Address _____

Phone _____ Alternate phone number _____

School District you now live in? _____

Email address (Print clearly) _____

Are you a Veteran? Yes No Honorable Discharge? _____ Year? _____

Social Security number: _____ DOB _____ Marital status _____

Did you graduate from high school or obtain a GED? Yes No

Do you have a valid Driver's license? Yes No State _____ CDL? Yes No

Drivers license number _____ Expiration date _____

Has your license ever been cancelled or suspended? Yes No When? _____

Explain _____

Have you ever been convicted of a felony or more than one misdemeanor? Yes No

Explain: _____

Do you have any health restrictions? Yes No Insulin dependent Yes No

Explain: _____

Are you currently employed? Yes No part time full time Schedule? _____

List your employment history for the last 6 years STARTING WITH YOUR CURRENT JOB

Company _____ Position _____

Dates _____ Weekly earnings _____

Company _____ Position _____

Dates _____ Weekly earnings _____

Are you able and available to work over time on a regular basis?

What is the most important thing to you in a new job?

What do you like best about your current position?