



MASTER JOB APPLICATION
State Form 48245 (R2 / 2-99) / IMP 0021

The information contained on this form is **CONFIDENTIAL** according to 470 IAC 1-2-7, 470 IAC 1-3-1, and 470 6-1-1.

PERSONAL INFORMATION

Citizen of the U.S? Yes No If No, are you legally allowed to work in the U.S.? Yes No Write your registration number here:

Date (month, day, year) Social Security number

Name (last, first, middle)

Present address (number and street, city, state, ZIP code)

Permanent address (number and street, city, state, ZIP code)

Telephone number

Have you ever been convicted of a crime? Yes No If Yes, explain in full (attach additional sheet if necessary)

Do you have a driver's license? Yes No If Yes, what type? Operator Commercial Chauffeur

EMPLOYMENT DESIRED

Position: Date you can start: Salary desired:

Are you employed now? If so, may we inquire of your present employer?

Ever applied to this company before? Where? When?

Do you want to work: Full-time Part-time

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED AND DEGREE(S) GIVEN
ELEMENTARY/ MIDDLE SCHOOL		1 2 3 4	<input type="checkbox"/> Yes	
		5 6 7 8	<input type="checkbox"/> No	
HIGH SCHOOL		9 10 11 12	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
COLLEGE		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

Special Study, Research, Foreign Language or other Skills:

PHYSICAL RECORD (Do you have any physical condition which may limit your ability to perform the job applied for?)

This question is voluntary, and any answers will be kept confidential.

