



Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?      Yes      No

Are you a veteran of the U.S. Military Service?      Yes      No

If yes, what branch?

Indicate languages you speak, read, and/or write:

Language: \_\_\_\_\_      Fluent      Good      Fair      Speak      Read      Write:

Language: \_\_\_\_\_      Fluent      Good      Fair      Speak      Read      Write:

What is the state of your physical health?      Excellent      Good      Fair      Poor

Please describe any physical problems:

**EDUCATION:**

| Name of School and Location | Years Attended | Grade Completed |
|-----------------------------|----------------|-----------------|
|                             |                |                 |
|                             |                |                 |
|                             |                |                 |

Special Awards/Training:

**EMPLOYMENT EXPERIENCE:**

Please list your last three jobs, beginning with your most recent. Please include military service and volunteer activities. If you have a resume, simply attach to this form and only list employer name below.

MAY WE CONTACT YOUR PRESENT EMPLOYER?      Yes      No

1: Employer: \_\_\_\_\_ Job Title:

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Supervisor:

Dates Employed: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving:

Describe Job:

2: Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Describe Job: \_\_\_\_\_

3: Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Describe Job: \_\_\_\_\_

**REFERENCES:**

List three people who can attest to your work performance.

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |

**APPLICANT'S STATEMENT:**

I certify that all of the foregoing information and any resume is true and complete. I understand that any misrepresentation or omission may result in my disqualification from further consideration for employment and/or my termination from employment.

Date

Applicant's Signature

**AUTHORIZATION:**

In order for Sharp Training to process my application for employment, I hereby authorize any and all law enforcement agencies, current, and former employees, academic institutions, the military services and any other institutions or agencies to supply any information regarding my background and fitness for employment to Sharp Training and to its agents and employees. I hereby release such law enforcement agencies, former employers, academic institutions, military service, Sharp Training and other institutions and agencies, their agents and employees from liability arising from the supplying and use of such information.

I further understand that if I am offered employment by Sharp Training, state law requires that I submit to a state and national criminal history records check for a period of ninety (90) days from my employment. I will also be required to submit fingerprinting, at my expense, so that my fingerprints may be provided to the Federal Bureau of Investigation for the national criminal history records check. I further understand and agree that if I have been convicted of a crime that has not been disclosed to Sharp Training, that Sharp Training may immediately dismiss me as provided by Public Act No. 93-328.

SHARP TRAINING  
Signature Date