



An Equal Opportunity Employer. We comply with all applicable state and federal civil rights and equal employment laws and regulations

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS		CITY		STATE	ZIP
PERMANENT ADDRESS		CITY		STATE	ZIP
POSITION APPLYING FOR		SITE LOCATION APPLYING FOR			PAY EXPECTED
HOW WERE YOU REFERRED TO THIS FACILITY?		ARE YOU 18 YEARS OR OLDER?			DATE AVAILABLE FOR WORK
<input type="checkbox"/> INTERNET <input type="checkbox"/> RADIO <input type="checkbox"/> FRIEND		<input type="checkbox"/> YES <input type="checkbox"/> NO			\$
RELATIVES, FRIENDS OR ACQUAINTANCES EMPLOYED BY FIFTH DIMENSION?					YOU ARE APPLYING FOR
<input type="checkbox"/> YES <input type="checkbox"/> NO NAME & DEPARTMENT:					<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
HAVE YOU EVER BEEN EMPLOYED BY FIFTH DIMENSION?					WOULD BE WILLING TO WORK:
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN:					<input type="checkbox"/> ANY <input type="checkbox"/> DAY
ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?					<input type="checkbox"/> WEEKEND <input type="checkbox"/> OTHER
<input type="checkbox"/> YES <input type="checkbox"/> NO					
FOR REFERENCE PURPOSES, IF YOU WERE KNOWN BY A DIFFERENT NAME(S), PLEASE INDICATE THE NAME(S)					

EDUCATION / SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED	GRADUATED	DIPLOMA / DEGREE
HIGH SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
AREA OF SPECIALIZATION OR MAJOR INTEREST					
OTHER (OTHER SPECIAL COURSES, INCLUDE SPECIAL MILITARY TRAINING)			TYPING APPROXIMATE WORD-PER-MINUTE (WPM)	COMPUTER EXPERIENCE	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

SKILLS AND QUALIFICATIONS

TYPES OF COMPUTERS, SOFTWARE, AND OTHER EQUIPMENT YOU ARE QUALIFIED TO OPERATE OR REPAIR

PROFESSIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS:

ADDITIONAL SKILLS, INCLUDING SUPERVISION SKILLS, OTHER LANGUAGES OR INFORMATION REGARDING THE CAREER/OCCUPATION YOU WISH TO BRING TO THE EMPLOYER'S ATTENTION

DRIVER'S LICENSE

DRIVER'S LICENSE MAY BE REQUIRED FOR SOME POSITIONS. IF YOU ARE APPLYING FOR A POSITION THAT WOULD REQUIRE A DRIVER'S LICENSE, PLEASE COMPLETE THE FOLLOWING.

DRIVER'S LICENCE: YES NO

PREVIOUS EXPERIENCE

LIST NAME, ADDRESS, AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH THE MOST RECENT EMPLOYER FIRST

JOB TITLE	FROM (MO/YR)	TO (MO/YR)	IMMEDIATE SUPERVISOR

EMPLOYER NAME	TELEPHONE NUMBER
---------------	------------------

--	--

ADDRESS	CITY	STATE

RESPONSIBILITIES

REASON FOR LEAVING

JOB TITLE	FROM (MO/YR)	TO (MO/YR)	IMMEDIATE SUPERVISOR

EMPLOYER NAME	TELEPHONE NUMBER
---------------	------------------

--	--

ADDRESS	CITY	STATE

RESPONSIBILITIES

REASON FOR LEAVING

JOB TITLE	FROM (MO/YR)	TO (MO/YR)	IMMEDIATE SUPERVISOR

EMPLOYER NAME	TELEPHONE NUMBER
---------------	------------------

--	--

ADDRESS	CITY	STATE

RESPONSIBILITIES

REASON FOR LEAVING

PLEASE LIST THE EMPLOYERS YOU DO NOT GIVE US PERMISSION TO CONTACT, AND THE REASON WHY.

EMPLOYER NAME	REASONING

EMPLOYER NAME	REASONING

EMPLOYER NAME	REASONING

CAN WE RUN A DETAILED EMPLOYMENT CHECK, INCLUDING BUT NOT LIMITED TO A CHECK, WITH YOUR PREVIOUS EMPLOYERS?

YES NO

PLEASE SIGN BELOW TO AUTHORIZE REFERENCE CHECK	TODAY'S DATE
--	--------------

--	--

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT

OTHER EXPERIENCE

DID YOU SERVE IN THE US ARMED SERVICES?

YES NO IF YES, WHAT BRANCH?

BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED THROUGH MILITARY SERVICE: (INCLUDE DATES)

HAVE YOU VOLUNTEERED YOUR TIME OR SERVICES?

YES NO IF YES, WHERE?

REFERENCES

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS. COWORKERS ARE ACCEPTABLE.

NAME	RELATIONSHIP	COMPANY NAME & ADDRESS	TELEPHONE

SIGNATURE

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING A SIGNATURE BELOW

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. you may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above.

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

SIGNATURE	TODAY'S DATE

FOR OFFICE USE ONLY

TO BE COMPLETED, IF EMPLOYED

IF APPLICANT IS 18 YEARS OLD, IS PROOF OF AGE ON FILE?

YES NO

STARTING DATE	ORIENTATION DATE	
POSITION / JOB TITLE	TYPE OF EMPLOYMENT	STARTING PAY
	FULL TIME PART TIME	\$
	SHIFT	
	OVERTIME	
	OVER 40 HOURS	