



# MASTER JOB APPLICATION

State Form 48245 (R3 / 2-12) / 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

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, are you legally allowed to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration number
Date (month, day, year)		Social Security number
Name (last, first, middle)		
Present address (number and street, city, state, and ZIP code)		
Permanent address (number and street, city, state, and ZIP code)		
Primary telephone number ( )	Alternate telephone number ( )	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain in full. (Attach additional sheet, if necessary.)	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what type? <input type="checkbox"/> Operator <input type="checkbox"/> Commercial <input type="checkbox"/> Chauffeur	

## EMPLOYMENT DESIRED

Position	Date you can start (month, day, year)	Salary desired
Are you currently employed?	If so, may we contact your present employer?	
Have you ever applied to this company before?	Where?	When?
Work preference <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No preference		

## EDUCATION

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

Describe any special studies, skills, and experiences, or foreign language abilities that could enhance your job performance.

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

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

