

# APPLICATION FOR EMPLOYMENT



## PERSONAL INFORMATION

|                            |            |                              |                             |                   |         |  |
|----------------------------|------------|------------------------------|-----------------------------|-------------------|---------|--|
| NAME                       |            |                              |                             | SOCIAL SECURITY # |         |  |
| ADDRESS                    | APT.#:     |                              | CITY                        | STATE & ZIP       |         |  |
| HOME PHONE                 | CELL PHONE |                              |                             |                   | PAGER # |  |
| ARE YOU 20 YEARS OR OLDER? |            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | EMAIL ADDRESS     |         |  |

## VEHICLE INFORMATION

|  |  |              |                              |                             |  |
|--|--|--------------|------------------------------|-----------------------------|--|
| DRIVER'S LICENSE - STATE                                   |  | Valid Y or N |                              | License Number              |  |
| DO YOU HAVE PROOF OF AUTO INSURANCE?                       |  |              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| HAVE YOU HAD MORE THAN 3 TICKETS IN LAST 3 YEARS?          |  |              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| DO YOU HAVE RELIABLE TRANSPORTATION FOR USE WHILE ON DUTY? |  |              |                              |                             | YES <input type="checkbox"/> NO <input type="checkbox"/> |

## DESIRED EMPLOYMENT

|  |  |                              |                             |                                   |                              |                              |                             |
|--|--|------------------------------|-----------------------------|-----------------------------------|------------------------------|------------------------------|-----------------------------|
| POSITION   |  |                              | AVAILABILITY                |                                   |                              |                              |                             |
| DATE YOU CAN START   |  | SALARY/WAGE DESIRED \$       |                             | ARE YOU EMPLOYED?                 | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |                             |
| HAVE YOU EVER APPLIED HERE BEFORE?                             |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | HAVE YOU EVER WORKED AT PROGRESS? |                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ARE YOU RELATED TO A CURRENT EMPLOYEE OF PROGRESS INC.? NAME:  |  |                              |                             |                                   | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |                             |
| WOULD YOU ACCEPT A POSITION IN CHEATHAM COUNTY (ASHLAND CITY)? |  |                              |                             |                                   | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |                             |
| DO YOU HAVE A STRONG PREFERENCE FOR AREA OF TOWN?              |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | LIST AREA                         |                              |                              |                             |

## WHO REFERRED YOU TO PROGRESS?

|                          |  |
|--------------------------|--|
| Source: (please specify) |  |
| Individual               |  |

## GENERAL INFORMATION

|                                   |  |                   |                              |                             |                    |
|-----------------------------------|--|-------------------|------------------------------|-----------------------------|--------------------|
| HIGHEST LEVEL/GRADE OF EDUCATION? |  | DID YOU GRADUATE? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | SCHOOL / LOCATION  |
| CERTIFICATIONS                    |  |                   |                              |                             |                    |
| SPECIAL SKILLS                    |  |                   |                              |                             |                    |
| HOBBIES / INTERESTS               |  |                   |                              |                             | SUBJECT(S) STUDIED |
|                                   |  |                   |                              |                             |                    |
|                                   |  |                   |                              |                             |                    |