



9816 S 239th E Ave
Broken Arrow, OK 74014-3337
918-258-2331
www.wagonerrwd4.com
Application for Employment

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Date: _____

Name: _____
 Last First Middle

Address: _____
 Number Street City State Zip

Social Security No: _____

Telephone: _____
Cell: _____

Position applied for: _____

Employment desired: _____ Full-time only _____ Part-time only _____ Full or Part-time

Can you work nights: _____ Can you work overtime: _____

When are you available for work? _____

Type of School	Name of School	Location	Years completed	Major/Degree
High School				
College				
Business or Trade				
Professional				

List job still which you are proficient at:

Have you ever been in the Armed Forces ____Yes ____No

Are you now a member of the National Guard or Reserve? ____Yes ____No

Specialty: _____Date Entered _____Discharge Date _____

Work Experience: Please list your work experience for the past three years beginning with your most recent job held. If you were self-employed, give firm name.

Name of Employer _____Supervisor _____Salary _____

Address _____Employment Dates _____

City, State, Zip Code _____Job Title _____

Phone Number _____Reason for leaving _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer _____Supervisor _____Salary _____

Address _____Employment Dates _____

City, State, Zip Code _____Job Title _____

Phone Number _____Reason for leaving _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer _____Supervisor _____Salary _____

Address _____Employment Dates _____

City, State, Zip Code _____Job Title _____

Phone Number _____Reason for leaving _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? ____Yes ____No

Did you complete this application yourself? ____Yes ____No

Do you have a Driver's License? ____Yes ____No

Driver's license number _____ State Issued _____

Operator _____ Commercial (CDL) _____ Chauffeur _____

Expiration date _____

Have you had any accidents during the past three years? ____Yes ____No How Many? ____

Have you had any moving violation during the past three years? ____Yes ____No How Many? ____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

An application form sometimes makes it difficult for an individual to adequately summarize background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Signature _____ Date _____