



Instructions: 1. Please type or print legibly in black ink.
2. All areas must be completed
3. Return completed form

Applicant Personal Data

Name of applicant (<i>last, first, middle</i>) _____		Social Security Number: _____	
Mailing address (<i>number and street</i>) _____		Driver's Licenses _____	
City _____	County _____	State _____	Zip Code _____

Highest Education Level: _____

Eligible to work in U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No	Area code and telephone: (Home) () _____	Additional Telephone: () _____
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Referral Information:
How did you find out about this employment opportunity? Job Bank Internet Newspaper Radio TV Job Fair
Please check appropriate box on the right.
 Other _____ (Please Explain)

Mark type(s) of employment acceptable to you: Full-time Part-time Temporary

Education

List below all high schools and post high schools attended. A copy of applicable transcripts may be required.

Name/Location of School	From (MO/YR)	To (MO/YR)	Fields of Study		Diploma (GED) or type of Degree
_____	_____	_____	_____		_____
_____	_____	_____	_____		_____
_____	_____	_____	_____		_____

Specialized Training or Classes Relevant to the Job

Title of Specialized Courses	Company/School	Dates Attended	Credits Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Criminal Record

Have you ever been convicted of a crime, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide information regarding the conviction (offense, date, sentence) on a separate, attached sheet.	Notice: A "yes" response will not necessarily eliminate you from consideration for employment.
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Drug/Alcohol Test Requirement

If you are offered and accept employment with Radtke And Associates, Inc., in the interest of safety for all concerned, you will be required to take a urine test for drug and/or alcohol use.

I, _____, have been fully informed of the reason for this urine test for drug and/or alcohol (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer and become part of my record.

If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize these test results to be released to Radtke And Associates, Inc. upon the signing of this application.

Professional Certification

Are you currently certified, registered, or licensed in any profession in Indiana? (If yes, give complete information, including any license or registration number, and attach a copy of certificate if related to the position for which you are applying). <input type="checkbox"/> Yes <input type="checkbox"/> No	License Type and Registration Number _____	Date of issue _____	Expiration Date _____
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Work Experience

1. List below, beginning with your three most recent position, all of your work experience. Attach additional 8-1/2" x 11" sheets of paper if necessary.
2. Be sure to include current employment.
3. Experience that cannot be confirmed is not acceptable.

<u>Title of present or previous job:</u> _____	<u>From:</u> _____	<u>To:</u> _____	<u>Approximate number of hours worked per week:</u> _____
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<u>Name of Employer / Organization and address (number and street, city, state, zip code)</u> _____	<u>Telephone number (area code)</u> _____
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<u>Name of Supervisor / Title:</u> _____	<u>Number and job types of the employees you supervised (if any). (Example: 3 managers, 2 clerks)</u> _____
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Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.

<u>Reason for Leaving:</u> _____	<u>Final Salary</u> \$ _____ Per _____
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<u>Title of present or previous job:</u> _____	<u>From:</u> _____	<u>To:</u> _____	<u>Approximate number of hours worked per week:</u> _____
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<u>Name of Employer / Organization and address (number and street, city, state, zip code)</u> _____	<u>Telephone number (area code)</u> _____
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<u>Name of Supervisor / Title:</u> _____	<u>Number and job types of the employees you supervised (if any). (Example: 3 managers, 2 clerks)</u> _____
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Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.

<u>Reason for Leaving:</u> _____	<u>Final Salary</u> \$ _____ Per _____
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<u>Title of present or previous job:</u> _____	<u>From:</u> _____	<u>To:</u> _____	<u>Approximate number of hours worked per week:</u> _____
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<u>Name of Employer / Organization and address (number and street, city, state, zip code)</u> _____	<u>Telephone number (area code)</u> _____
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<u>Name of Supervisor / Title:</u> _____	<u>Number and job types of the employees you supervised (if any). (Example: 3 managers, 2 clerks)</u> _____
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Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.

<u>Reason for Leaving:</u> _____	<u>Final Salary</u> \$ _____ Per _____
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Have you ever been discharged by any employer? Yes No

References (Please do not list relatives as references)

Name of Reference	<u>Area Code and telephone number</u> ()
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Address (number and street, city, state, zip code)
—

Name of Reference	<u>Area Code and telephone number</u> ()
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Address (number and street, city, state, zip code)
—

Name of Reference	<u>Area Code and telephone number</u> ()
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Address (number and street, city, state, zip code)
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Name of Reference	<u>Area Code and telephone number</u> ()
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Address (number and street, city, state, zip code)
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Certificate of Applicant and Authorization of Reference and / or Employment Verification

I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that should investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information.

<u>Signature of Applicant</u> —	<u>Date Signed</u> —
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