



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME LAST	FIRST	MIDDLE	PHONE ()
List Other Names (if any) under which you have worked or obtained your education:			MOBILE WORK MESSAGE ()
STREET ADDRESS			SOCIAL SECURITY NO. - -
CITY	STATE	ZIP	ARE YOU 18 YEARS OF AGE OR OVER? YES___ NO___

POSITION OBJECTIVE

Position you are applying for (please specify exact job)	LOCATION PREFERRED	SALARY DESIRED
STATUS DESIRED FULL TIME PART TIME AVAILABLE HOURS/DAYS	DATE AVAILABLE FOR EMPLOYMENT	
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY CHEROKEE MEMORIAL PARK & FUNERAL HOME? YES___ NO___	HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH CHEROKEE MEMORIAL PARK & FUNERAL HOME? YES___ NO___	
HOW DID YOU HEAR ABOUT CHEROKEE MEMORIAL PARK & FUNERAL HOME? ___ WALK IN ___ OTHER REFERRAL: NEWSPAPER AGENCY SCHOOL EMPLOYEE CUSTOMER GOVERNMENT AGENCY ___ REHIRE ___ SPECIFY REFERRAL:		
WHAT ARE YOUR CAREER ASPIRATIONS AND OBJECTIVES?		

GENERAL INFORMATION

DO YOU HAVE ANY RELATIVES EMPLOYED BY CHEROKEE MEMORIAL PARK & FUNERAL HOME?

YES____ NO____ FULL NAME AND RELATIONSHIP

DO YOU HAVE A VALID DRIVERS LICENSE?

YES____ NO____

DRIVER'S LICENSE
NUMBER/STATE

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED?

YES____ NO____

SKILLS / EDUCATION

Indicate any skills, equipment knowledge, educational courses/degrees or special training you have which you feel could qualify you for the type of work you seek with Cherokee Memorial Park & Funeral Home (examples: embalming license, funeral director license, backhoe or lawn maintenance equipment skills, foreign language skills, accounting, computer or management courses, certificates, licenses or degrees).

EDUCATION

HIGH SCHOOL NAME & LOCATION

COURSE OF STUDY

YEARS
COMPLETED

DEGREE
OR DIPLOMA

COLLEGE NAME & LOCATION

COURSE OF STUDY

YEARS
COMPLETED

DEGREE
OR DIPLOMA

COLLEGE NAME & LOCATION

COURSE OF STUDY

YEARS
COMPLETED

DEGREE
OR DIPLOMA

TRADE SCHOOL NAME & LOCATION

COURSE OF STUDY

YEARS
COMPLETED

DEGREE
OR DIPLOMA

REGISTRATIONS / CERTIFICATES OR LICENSES HELD

TYPE

STATE

NUMBER

LICENSED YEAR

CURRENT

YES____ NO____

TYPE

STATE

NUMBER

LICENSED YEAR

CURRENT

YES____ NO____

TYPE

STATE

NUMBER

LICENSED YEAR

CURRENT

YES____ NO____

EMPLOYMENT EXPERIENCE

NAME OF COMPANY			PHONE ()
STREET ADDRESS			DATE HIRED
CITY	STATE	ZIP	DEPARTURE DATE
TITLE AND SUMMARY OF DUTIES			
NAME OF SUPERVISOR			
REASON FOR LEAVING			
NAME OF COMPANY			PHONE ()
STREET ADDRESS			DATE HIRED
CITY	STATE	ZIP	DEPARTURE DATE
TITLE AND SUMMARY OF DUTIES			
NAME OF SUPERVISOR			
REASON FOR LEAVING			
NAME OF COMPANY			PHONE ()
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NAME OF SUPERVISOR			
REASON FOR LEAVING			
NAME OF COMPANY			PHONE ()
STREET ADDRESS			DATE HIRED
CITY	STATE	ZIP	DEPARTURE DATE
TITLE AND SUMMARY OF DUTIES			
NAME OF SUPERVISOR			
REASON FOR LEAVING			

Have you ever been involuntarily terminated from employment other than a layoff? YES____ NO____
If yes, explain circumstances:

PLEASE TURN TO BACK PAGE FOR STATEMENT, AGREEMENT & SIGNATURE