



# 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 (      )
STREET ADDRESS			DATE HIRED
CITY	STATE	ZIP	DEPARTURE DATE
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NAME OF COMPANY			PHONE (      )
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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			
SIGNATURE OF APPLICANT			DATE