

# Henry W. Bergman, Inc.

**PLEASE FILL OUT ALL  
INFORMATION  
REQUESTED**

## APPLICATION FOR EMPLOYMENT

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-4.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Address
City
State
Zip

How long have you lived there? \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Days/hours available to work

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired      FULL-TIME ONLY      PART-TIME ONLY      FULL- OR PART-TIME

When can you start? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?      No      Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.



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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer?      Yes      No

Did you complete this application yourself?      Yes      No

If not, who did? \_\_\_\_\_

*I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE  
If this applications leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_