



GA-373-1480  
2 Moon Flower Close East  
info@nicdoxresources.com

## NICDOX APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How did you hear about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____			
First Name	Last Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number (Voluntary)	

Best time to contact you at home is..... : \_\_\_\_ am / pm

Have you ever filed an application with us before?..... ☐ Yes ☐ No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?..... ☐ Yes ☐ No  
If yes, give date \_\_\_\_\_

Do any of your friends or relatives work here?..... ☐ Yes ☐ No  
If yes, who? \_\_\_\_\_

Are you currently employed?..... ☐ Yes ☐ No

May we contact your current employer? ..... ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?..... ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: ☐ Full Time (please indicate 1 2 3 shift)  
☐ Part-Time (please indicate Mornings Afternoon Evenings)  
☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? ..... ☐ Yes ☐ No

Can you travel if a job requires it? ..... ☐ Yes ☐ No

## EDUCATION

	Name of School	Course of Study	Years Complete	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received.


WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## EMPLOYMENT EXPERIENCE

**Start with your present or last job.**

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title			
Reason For Leaving			

2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title			
Reason For Leaving			

3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title			
Reason For Leaving			

List professional, trade, business or civic activities and offices held.

[illegible]

## REFERENCES

1. \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
( Address)

2. \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
( Address)

3. \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
( Address)

## ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.


## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you a resume, please attach it to this application

**CALL.** +233 (0) 244 318 403    **EMAIL.** Info@nicdoxresources.com    **WEBSITE.** www.nicdoxresources.com