



2903 1st Avenue
 Lake Charles, LA 70601
 337-478-6480
 www.ccswla.com

APPLICATION FOR EMPLOYMENT

Personal Information		
Name:	Date:	
Social Security Number:	Email address:	
Home address and City:		
Home phone:	Cell phone:	
Position Applying For		
Title:	Salary desired:	Full time or Part time:
Referred by:	Date available:	
Employment History and Skills		
Are you currently employed?	Where?	
Are you acquainted with or related to any person employed here?		
If so, please list name:		
Date available for work:		
Will you be able to work: Overtime ____ Weekends ____ Holidays ____		
Can you:		
Type Yes ____ No ____ Speed _____	Run 10-Key adding machine Yes ____ No ____	
Take dictation Yes ____ No ____ Speed _____	Do you know medical terminology Yes ____ No ____	
Operate dictation equipment Yes ____ No ____		
List other secretarial, clerical or accounting skills:		
Education		
High school (Name, City, State):		
Graduation date:		
Business, technical school, or college:		
Dates attended:		
Degree and major:		
Professional References		
Please list three with contact information.		