

"WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION OR NATIONAL ORIGIN; OR PHYSICAL DEFECTS"

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

SOCIAL SECURITY NUMBER

REFERRED BY _____

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE

WHEN

EDUCATION

NAME AND LOCATION OF SCHOOL

YEARS ATTENDED

DATE GRADUATED

SUBJECTS STUDIED

GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OR CORRESPONDENCE SCHOOL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

U. S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

ACTIVITIES OTHER THAN RELIGIOUS (CIVIC, ATHLETIC, FRATERNAL, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				

TO BE COMPLETED DAY EMPLOYMENT BEGINS

DATE _____

HEIGHT	WEIGHT	AGE	DATE OF BIRTH

SINGLE	MARRIED	WIDOWED	CITIZEN U.S.A.	SEX

THE ABOVE INFORMATION NEEDED FOR PENSION, HOSPITALIZATION INSURANCE, ETC., AND NOT FOR HIRING PURPOSES.

INTERVIEWED BY	DATE	REMARKS
NEATNESS		CHARACTER
PERSONALITY		ABILITY

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1.	2.	3.
EMPLOYMENT MANAGER	DEPT. HEAD	GENERAL MANAGER

PHYSICAL RECORD:

DO YOU HAVE ANY IMPAIRMENTS, PHYSICAL, MENTAL OR MEDICAL WHICH WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED.

GIVE DETAILS

IN CASE OF
EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NO.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE	SIGNATURE