

"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

ADDRESS _____

Street/PO Box

City

State

Zip

PHONE 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 OUR COMPANY BEFORE? _____

WHEN? _____

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE, BUSINESS CORRESPONDENCE SCHOOL	_____	_____	_____	_____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

US 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

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

DATE MONTH AND YEAR		NAME AND PHONE # OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: LIST BELOW THE NAMES OF THREE EMPLOYER REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	PHONE NUMBER	YEARS ACQUAINTED	RELATIONSHIP
1				
2				
3				

IN CASE OF
EMERGENCY NOTIFY _____

NAME

ADDRESS

PHONE NUMBER

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 SALRY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE _____

SIGNATURE _____

FOR OFFICE USE ONLY