

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____

NAME _____ SOCIAL SECURITY NUMBER _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE # _____ ARE YOU 18 YEARS OR OLDER? YES _____ NO _____

EMPLOYMENT DESIRED

POSITION _____ DATE AVAILABLE _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

HAVE YOU APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE U.S.? YES _____ NO _____

EDUCATION

	NAME & LOCATION OF SCHOOL	NO. OF YRS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
GRAMMAR SCHOOL	_____ _____	_____	_____	_____
HIGH SCHOOL	_____ _____	_____	_____	_____
COLLEGE	_____ _____	_____	_____	_____
TRADE, BUSINESS SCHOOL	_____ _____	_____	_____	_____

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

US MILITARY OR NAVAL SERVICE _____ RANK _____

PRESENT ACTIVE DUTY IN NATIONAL GUARD/RESERVES _____

PREVIOUS EMPLOYERS (LIST MOST RECENT FIRST)

DATE (MONTH & YEAR)	NAME & ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	COMPANY	YEARS ACQUAINTED
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT LIMIT YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES _____ NO _____ IF YES, PLEASE DESCRIBE ACCOMMODATIONS NEEDED FOR YOUR LIMITATION _____

IN CASE OF

EMERGENCY NOTIFY _____
NAME ADDRESS PHONE

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you

I understand and agree that, if hired, 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 prior notice."

SIGNATURE _____ DATE _____

OFFICE USE ONLY

INTERVIEWED BY _____ DATE _____

HIRED? YES _____ NO _____ POSITION _____ DEPT _____

SALARY/WAGE _____ DATE REPORTING _____

APPROVED 1 _____ 2 _____ 3 _____