

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

			DRIVER LICENSE #	LAST
			SOCIAL SECURITY NUMBER	
NAME	LAST	FIRST	MIDDLE	
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
TELEPHONE NO. ()		ARE YOU 18 YEARS OR OLDER?		<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN BONDED IN PRIOR EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS:				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS:				
DO YOU HAVE A DISABILITY WHICH WOULD LIMIT YOU FROM PERFORMING THE WORK FOR WHICH YOU APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:				

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED	FIRST
ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			
EVER APPLIED TO THIS COMPANY BEFORE?		IF, SO WHERE?	WHEN?
REFERRED BY: <input type="checkbox"/> OUR AD <input type="checkbox"/> EMP AGCY <input type="checkbox"/> FRIEND/RELATIVE <input type="checkbox"/> NO ONE <input type="checkbox"/> OTHER:			

FORMER EMPLOYERS (LIST MOST RECENT FIRST)

NAME	ADDRESS PHONE NUMBER	PERIOD TO FROM	POSITION	FINAL PAY	REASON FOR LEAVING
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

MARK BOX NEXT TO EMPLOYER'S NAME INDICATING THOSE YOU DO NOT WISH US TO CONTACT

GENERAL

SPECIAL SKILLS:

ACTIVITIES (CIVIC, ATHLETIC, ETC.):

U.S. MILITARY OR NAVY SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARDS OR RESERVES <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------------------	------	--

LAST

FIRST

MIDDLE

(CONTINUED ON OTHER SIDE)

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

REFERENCES: THREE PERSONS NOT RELATED TO YOU AND NO FORMER EMPLOYERS PLEASE

NAME	ADDRESS PHONE NUMBER	BUSINESS	YEARS ACQAINTED
1			
2			
3			

THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FOR EMPLOYMENT IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, ANY FALSE STATEMENTS WILL BE CONSIDERED AS CAUSE FOR POSSIBLE DISMISSAL. YOU ARE HEREBY AUTHORIZED TO CONDUCT ANY INVESTIGATION OF MY PERSONAL HISTORY AND/OR CREDIT AND FINANCIAL RECORDS EMPLOYING INVESTIGATIVE OR CREDIT AGENCIES OR BUREAUS OF YOUR CHOICE SUBJECT TO THE PROVISIONS OF THE FAIR CREDIT REPORTING ACT. I UNDERSTAND THAT, WITHIN A REASONABLE PERIOD, I MAY MAKE A WRITTEN REQUEST FOR DETAILED INFORMATION CONCERNING SUCH INVESTIGATION.

DATE _____ SIGNATURE OF APPLICANT _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS:

NEATNESS _____ ABILITY _____

HIRED YES NO POSITION _____ COMPLEX _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED 1 _____ 2 _____ 3 _____

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER