

# APPLICATION FOR EMPLOYMENT

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

## PERSONAL INFORMATION

DATE

SOCIAL SECURITY NUMBER

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NUMBER

REFERRED BY

## EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE

WHEN

## EDUCATION

NAME AND LOCATION OF SCHOOL

CIRCLE LAST YEAR

GRADUATE?

SUBJECTS

STUDIES

COMPLETED

DEGREE(S)

GRAMMAR		1 2 3 4	YES	
			NO	
HIGH SCHOOL		1 2 3 4	YES	
			NO	
COLLEGE		1 2 3 4	YES	
			NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		1 2 3 4	YES	
			NO	
		1 2 3 4	YES	
			NO	

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

ACTIVITIES OTHER THAN RELIGIOUS

(CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, AGE, SEX COLOR OR NATIONAL ORIGIN OR IT'S MEMBERS.

CONTINUED ON OTHER SIDE

## FORMER EMPLOYERS

LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST

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

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

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**PHYSICAL RECORD:** DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? **THIS QUESTION IS VOLUNTARY, AND ANY ANSWERS WILL BE KEPT CONFIDENTIAL.**

**IN CASE OF EMERGENCY NOTIFY**

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

**DATE** **SIGNATURE**

**DO NOT WRITE BELOW THIS LINE**

**INTERVIEWED BY** **DATE**

**REMARKS:**

<b>NEATNESS</b>		<b>ABILITY</b>	
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<b>HIRED</b>	<b>POSITION</b>	<b>DATE TO REPORT</b>	<b>WAGES</b>
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<b>APPROVED</b>	<b>1</b>	<b>2</b>	<b>3</b>
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**OFFICE MANAGER** **DEPT. HEAD** **GENERAL MANAGER**