

FOR OFFICE USE ONLY

Position: _____

Interview:
Day _____ Time _____

2nd Interview:
Day _____ Time _____

FOR OFFICE USE ONLY

Position _____

Start Date _____

Rate _____

APPLICATION
**FOR
EMPLOYMENT**

(Use ink, please print)

Date _____

Name _____ Social Security No. _____
Last First Middle

Present Address _____ Phone No. _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes _____ No _____ (If yes, verification will be required.)

Are you of the legal age to work? _____

Position(s) applied for _____

Did we previously employ you? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____, 20

Are there any other experiences, skills, or qualifications that will be of special benefit in the job for which you are applying?
(Applicant should not list any information that Federal and Sate law precludes obtaining the pre-employment stage.)

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Dates Attended	Did You Graduate?	List Diploma or Degree
			5	6	7	8			
Elementary									
High									
College									
Other (Specify)									

EMPLOYMENT HISTORY
 Present and Past Employment beginning with you most recent

Company Name, Address and Type of Business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Phone No.								

Company Name, Address and Type of Business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Phone No.								

Company Name, Address and Type of Business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Phone No.								

Company Name, Address and Type of Business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you (I'd:							
Phone No.								

I hereby give permission to contact the employers listed above concerning my prior work experience. _____
Signature

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

MILITARY SERVICE RECORD

Were you in the U.S.Armed Forces? Yes ___ No ___ If yes, what Branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? _____

1. If applicable, do you have a valid driver's license? _____
2. Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years, which has not been annulled or expunged or sealed by a court? _____ If yes, describe in full _____
3. Do you have any physical condition that may limit your ability to perform the particular job for which you are applying? _____ If yes, describe such condition and explain how you can perform the job for which you are applying in spite of it. _____
4. Do you have any physical defects that preclude you from performing certain kinds of work? _____ If yes, describe such defects and specific work limitations _____
5. Have you had a major illness in the past 5 years? _____ If yes, describe _____
6. Have you received compensation for injuries? _____ If yes, describe _____
7. List any friends or relatives working for us _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with me neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature of Applicant