



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL

| | | | |
|--|-------|--------|--|
| Last Name | First | Middle | Date |
| Street Address | | | Home Telephone () |
| City, State, Zip | | | Business Telephone () |
| Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____ | | | Social Security # |
| Position Desired | | | Pay Expected |
| Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____ | | | Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you legally eligible for employment in the United States? | | | When will you be available to begin work? _____ |
| Other special training or skills (languages, machine operation, etc.) | | | Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No |

EDUCATION

| School | Name, Location of School | Course of Study | No. of Years Completed | Did you Graduate? | Degree or Diploma |
|--------------------------|--------------------------|-----------------|------------------------|---|-------------------|
| Graduate | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business/Trade/Technical | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Elementary | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, color, religion or national origin)

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EMPLOYMENT

Please give accurate, complete full-time and part-time employment record.
Start with your present or most recent employer.

| | | |
|---|----------------------------------|---|
| 1 | Company Name | Telephone () |
| | Address | Employed – (State month and year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | Job Title and Describe Your Work | Reason for Leaving |

| | | |
|---|----------------------------------|---|
| 2 | Company Name | Telephone () |
| | Address | Employed – (State month and year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | Job Title and Describe Your Work | Reason for Leaving |

| | | |
|---|----------------------------------|---|
| 3 | Company Name | Telephone () |
| | Address | Employed – (State month and year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | Job Title and Describe Your Work | Reason for Leaving |

| | | |
|---|----------------------------------|---|
| 4 | Company Name | Telephone () |
| | Address | Employed – (State month and year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | Job Title and Describe Your Work | Reason for Leaving |

We may contact the employers listed above unless you indicate those you do not want us to.

| | |
|--------------------------|--------------|
| DO NOT CONTACT | |
| Employer Number(s) _____ | Reason _____ |

| | | |
|-----------|--|-----------|
| SIGNATURE | The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future. | |
| | _____ | _____ |
| | Date | Signature |