



S.S. # _____

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age, but less than 70.

Personal Information

Name _____
(Last) (First) (Middle) (Date of Birth)

Address _____
(Street) (City) (State) (Zip)

Are you eligible for work in the United States? Yes No Are you 18 years or older? Yes No

Position applied for _____ Referred By _____

Ever applied to this company before? Yes No If yes, When? _____

Date You Can Start: _____ Salary Desired: _____ Phone: _____

Are you employed now? Yes No If yes, may we contact your present employer? Yes No
 Are you available for work Full Time Part Time Temporary

If you have any disabilities that would interfere with your performance in the position for which you have applied, PLEASE EXPLAIN: _____

Please list any additional information that relates to your ability to perform the job for which you have applied, such as special training, machine operations, hobbies, or languages, etc. PLEASE LIST:

U.S. Armed Forces: Yes No If yes, Branch _____ Rank at discharge _____

Have you ever been convicted of a felony within the past 7 years? Yes No If yes, PLEASE EXPLAIN: _____

(Conviction will not necessarily disqualify you)

In case of an emergency, Notify: _____
(NAME) (RELATION)

(ADDRESS) (PHONE)

EDUCATION:	Name & Location of School	Years Attended	Date Graduated	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, Correspondence School				

Former Employers

(List below the last three employers, starting with the last one first).

Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Phone No. _____
Employed From: _____ Describe Work Done: _____
To: _____
Beginning Salary: _____ Reason for Leaving: _____
Ending Salary: _____

Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Phone No. _____
Employed From: _____ Describe Work Done: _____
To: _____
Beginning Salary: _____ Reason for Leaving: _____
Ending Salary: _____

Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Phone No. _____
Employed From: _____ Describe Work Done: _____
To: _____
Beginning Salary: _____ Reason for Leaving: _____
Ending Salary: _____

References: Give below the names of three (3) people that are not related to you, whom you have known for at least one (1) year.

Name: _____ Business: _____
Address: _____ Phone: _____
Years known: _____

Name: _____ Business: _____
Address: _____ Phone: _____
Years known: _____

Name: _____ Business: _____
Address: _____ Phone: _____
Years known: _____

I authorize investigation of all statements contained on this application. I understand that misrepresentation or omission of facts is cause for dismissal. I understand and agree that my employment is for no definite period of time, regardless of the date of payment of my wages and/salary, and that my employment can be terminated at any time without previous notice.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks: _____

Hired: _____ Yes _____ No _____ Position: _____ Date employment begins: _____

Beginning Wage/Salary: _____

Approved by: _____