



APPLICATION FOR EMPLOYMENT

INFORMACION PERSONAL			
NAME (LAST NAME FIRST)			DATE (mm/dd/yyyy)
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		

EMPLOYMENT DESIRED			
POSITION		DATE YOU CAN START (mm/dd/yyyy)	SALARY DESIRED
ARE YOU EMPLOYED?	Yes No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	Yes No
EVER APPLIED TO THIS COMPANY BEFORE?	Yes No	WHERE?	WHEN? (mm/dd/yyyy)

EDUCATION				
	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIES
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL	
SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?	
READ	WRITE
U. S. MILITARY OR NAVAL SERVICE	RANK
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	

SPECIAL QUESTIONS	
<p>HEIGHT _____ FEET _____ INCHES _____</p> <p>WEIGHT _____ LBS. _____</p> <p>CITIZEN OF THE U.S. YES NO</p> <p>WORKING VISA YES NO</p> <p>CLEAN DRIVING RECORD YES NO</p> <p>DATE OF BIRTH* _____</p>	

*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

SPECIAL QUESTIONS

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU
FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

WERE YOU EVER INJURED? GIVE DETAILS: _____

HAVE YOU ANY DEFECTS IN HEARING? _____ IN VISION? _____ IN SPEECH? _____

IN CASE OF EMERGENCY NOTIFY _____

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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 KNOWN

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

SIGNATURE _____

DATE _____

INTERVIEWED BY _____

DATE _____

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES, SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOTWITHSTANDING THESE EFFORTS, THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM, OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.