



## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedication to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

<b>PERSONAL INFORMATION</b>		Date	Social Security Number
Name			
Last	First	Middle	
Present Address			
Street	City	State	Zip
Permanent Address			
Street	City	State	Zip
Phone Number			
Referred By		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>EMPLOYMENT DESIRED</b>			
Position	Date You Can Start	Salary Desired	
Are you Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?	

EDUCATION	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>GENERAL</b>
Subjects of Special Study or Research Work
Job Related Skills (typing, driver's license, etc.)
Activities Other Than Religious (Civic, Athletic, etc.)

**FORMER EMPLOYMENT** List below your last four employers, starting with the last one first.

Date/Month/Year	Name & Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES** List below three persons not related to you, whom you have known at least one year.

	Name	Address	Position	Years Acquainted
1				
2				
3				

**AUTHORIZATION**

I authorize investigation on all statements in this application. I understand that misrepresentation requested 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

In Case of Emergency Notify

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY**

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INS Form I-9 completed?  Yes  No

Hired  Yes  No Position: \_\_\_\_\_ Will Report: \_\_\_\_\_

Approved by: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_