

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME:

SOCIAL SECURITY NUMBER

LAST

FIRST

MIDDLE

ADDRESS:

STREET

CITY

STATE

ZIP

PHONE NUMBER:

ARE YOU 21 YEARS OR OLDER?

YES

NO

ARE YOU A U.S. CITIZEN

YES

NO

DATE OF BIRTH

DESIRED EMPLOYMENT

POSITION

DATE AVAILABLE

SALARY

APPLIED FOR:

FOR WORK:

DESIRED:

ARE YOU

EMPLOYED NOW?

YES

NO

MAY WE CONTACT YOUR

PRESENT EMPLOYER?

YES

NO

HAVE YOU EVER APPLIED WITH US BEFORE?

YES

NO

WHEN?

REFERRED BY:

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE				

SPECIAL SKILLS:

ACTIVITIES: (EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN, OR DISABILITY OF ITS MEMBERS.)

FORMER EMPLOYERS

U.S. MILITARY OR NAVAL SERVICE RANK: _____

LIST THREE MOST CURRENT EMPLOYERS:

MONTH & YEAR	NAME & ADDRESS	SALARY	POSITION	REASON FOR LEAVING LAST EMPLOYMENT?
FROM TO				
FROM TO				
FROM TO				

DO WE HAVE YOUR PERMISSION TO CONTACT PREVIOUS EMPLOYERS? YES NO

REFERENCE

LIST THREE:

NAME	ADDRESS	PHONE
1.		
2.		
3.		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN OR DISABILITY.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I UNDERSTAND AND AGREE THAT, IF HIRED, 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 PRIOR NOTICE AND WITHOUT CAUSE.

SIGNATURE: _____

DATE _____