

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

FOR OFFICE USE ONLY	
Work Location	Rate
Position	Date

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

PERSONAL

Date _____

Name _____ Social Security No. _____
Last First Middle

Present address _____ Telephone No. _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? _____ State age if under 18 or over 70. _____

What method of transportation will you use to get to work? _____

Position(s) applied for _____ Rate of pay expected \$ _____ per week

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary		X					<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High							<input type="checkbox"/> Yes <input type="checkbox"/> No	
College							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No	

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List below all present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
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	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning any information you deem relevant.

Signed _____

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____
Month Day Year Month Day Year

List duties in the service including special training _____

Have you taken any training under the G.I. Bill of Rights? _____ If yes, what training did you take? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature of Applicant

To Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED-OFF AREA. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

DO NOT ANSWER ANY QUESTION CONTAINED IN THIS BLOCKED-OFF AREA UNLESS THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, thereby indicating that for the position for which you are applying the requested information is needed for a legally permissible reason, including, without limitation, national security requirements, a bona fide occupational qualification or business necessity.

- How long have you lived at present address? _____
- Previous address _____ No. _____ Street _____ City _____ State _____ Zip _____ How long did you live there? _____
- Are you over the age of eighteen? _____ If no, hire is subject to verification that you are of minimum legal age
- How do you wish to be addressed? Mr. _____ Mrs. _____ Miss _____ Ms. _____
- Sex: M _____ F _____ Height: _____ ft. _____ in. Weight: _____ lbs.
- Marital Status: Single _____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____
- Date of Marriage _____ Number of dependents including yourself _____ Are you a citizen of the U.S.A.? _____
- What is your present Selective Service classification? _____
- Indicate dates you attended school:
 Elementary _____ From _____ To _____ High School _____ From _____ To _____ College _____ From _____ To _____
 Other (Specify type of school) _____ From _____ To _____
- Have you ever been bonded? _____ If yes, on what jobs? _____
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court? _____ If yes, describe in full _____
- Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? _____
 If yes, describe such condition and explain how you can perform the job for which you are applying in spite of it. _____

- Do you have any physical defects which preclude you from performing certain kinds of work? _____ If yes, describe such defects and specific work limitations. _____
- Have you had a major illness in the past 5 years? _____ If yes, describe _____
- Have you received compensation for injuries? _____ If yes, describe _____
- List any friends or relatives working for us, other than spouse _____ Name(s) _____

Employer may list other bona fide occupational questions on lines below:

- _____
- _____