



**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.				
Telephone	Describe the work you did:							

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Telephone	Describe the work you did:							

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.				
Telephone	Describe the work you did:							

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 \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
No. Street City State Zip

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:

\_\_\_\_\_

\_\_\_\_\_