



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)

SOCIAL SECURITY NO.

PRESENT ADDRESS

CITY

STATE

ZIP

PERMANENT ADDRESS

CITY

STATE

ZIP

PHONE

REFERRED BY

(_____) _____

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

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? _____

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL

YEARS ATTENDED

DID YOU GRADUATE?

SUBJECTS STUDIED

GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OR CORRESPONDENCE SCHOOL

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS

U.S. MILITARY OR NAVAL SERVICE _____

RANK _____

FORMER EMPLOYERS (List below last four employers, starting with most recent first.)

DATE (MONTH/YEAR)
FROM/TO

NAME & ADDRESS OF EMPLOYER

SALARY

POSITION

REASON FOR LEAVING

1. _____ - _____

2. _____ - _____

3. _____ - _____

4. _____ - _____

CONTINUE ON NEXT PAGE

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION

"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 authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS _____ CHARACTER _____

PERSONALITY _____ ABILITY _____

HIRED _____ FOR DEPT. _____ POSITION _____ WILL REPORT _____ SALARY WAGES _____

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER