

APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION

Date: _____

YOUR NAME:

LAST	FIRST	MIDDLE
ADDRESS:		
_____	HOME PHONE NO. _____	ARE YOU OVER 16 YEARS OLD: <input type="radio"/>
_____	CELL NO. _____	21 YEARS OLD: <input type="radio"/>
CITY	SS# _____	30 YEARS OLD: <input type="radio"/>
STATE AND ZIP CODE _____		

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?	SUBJECT STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE BUSINESS OR CORRESPONDENCE SCHOOL			

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYEERS, STARTING WITH LAST ONE FIRST)

FROM MONTH & YEAR	TO MONT & YEAR	NAME & ADDRESS OF EMPLOYEEER	SALARY	POSTION	REASON FOR LEAVING

GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVEL SERVICE	* RANK

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 fact 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 authorized investigation of all statements contained herein and the references and employes listed above to give you any and all information concerning my previous employment and my 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

APPROVED BY: _____ **HIRED FOR DEPT.** _____ **SALARY WAGES:** _____

GENERAL MANAGER