

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.



<b>P E R S O N A L</b>	Last Name	First	Middle	Date
	Street Address			Home Telephone (     )
	City, State, Zip			Business Telephone (     )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes: Month and Year _____ Location _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No   If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)			

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	



# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving

<b>2</b>	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving

<b>3</b>	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving

<b>4</b>	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for Leaving

## SIGNATURE

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature