



APPLICATION FOR EMPLOYMENT

"EQUAL OPPORTUNITY EMPLOYER"

PERSONAL INFORMATION

				DATE
NAME				SOCIAL SECURITY NUMBER
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
HOME PHONE NO.	ARE YOU 18 YEARS OR OLDER?			Yes <input type="checkbox"/> No <input type="checkbox"/>
CELL PHONE NO.				
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				Yes <input type="checkbox"/> No <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR TRAFFIC VIOLATION?				Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES, EXPLAIN:				

EMPLOYMENT DESIRED

POSITION	SALARY DESIRED
FULL TIME or PART TIME	DATE YOU CAN START
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
NAME OF SUPERVISOR	PHONE NO.
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE? WHEN?
REFERRED BY	

EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR PASSED THE GED? YES NO

LIST HIGH SCHOOL, COLLEGE, BUSINESS SCHOOL, MILITARY TRAINING, AND OTHER RELEVANT EDUCATION

SCHOOL NAME AND LOCATION	YEARS ATTENDED	DID YOU GRADUATE?	GPA	SUBJECTS STUDIED OR DEGREE OBTAINED

GENERALLIST ANY COMPUTER OR OFFICE SKILLS

OTHER SPECIAL SKILLS

ACTIVITIES (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, LAST ONE FIRST

DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I ALSO UNDERSTAND THAT UNLESS SPECIFICALLY ASKED NOT TO, REFERENCES WILL BE CHECKED."

SIGNATURE

DATE
