



APPLICATION FOR EMPLOYMENT

P E R S O N A L	LAST NAME	FIRST	MIDDLE	DATE
	STREET ADDRESS			HOME PHONE
	CITY	STATE	ZIP	BUSINESS PHONE
	HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? ___ YES ___ NO IF YES, MONTH AND YEAR			SOCIAL SECURITY NUMBER
	POSITION DESIRED			DATE OF BIRTH
	APART FROM ABSENCE FOR RELIGIOUS OBSERVANCE, ARE YOU AVAILABLE FOR FULL-TIME WORK? ___ YES ___ NO IF NOT, WHAT HOURS CAN YOU WORK?			WILL YOU WORK OVERTIME? ___ YES ___ 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.)			
	HOW DID YOU LEARN OF OUR ORGANIZATION?			

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
	COLLEGE					
	HIGH					
	ELEMENTARY					
	OTHER					

IN CASE OF EMERGENCY PLEASE NOTIFY		
NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:

EMPLOYMENT

PLEASE GIVE ACCURATE COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORDS. START WITH PRESENT OR MOST RECENT EMPLOYER.

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED (STATE MONTH AND YEAR)
NAME OF SUPERVISOR	WEEKLY PAY
STATE JOB TITLE AND DESCRIBE YOUR WORK	START _____ LAST _____ REASON FOR LEAVING

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED (STATE MONTH AND YEAR)
NAME OF SUPERVISOR	WEEKLY PAY
STATE JOB TITLE AND DESCRIBE YOUR WORK	START _____ LAST _____ REASON FOR LEAVING

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ADDRESS	EMPLOYED (STATE MONTH AND YEAR)
NAME OF SUPERVISOR	WEEKLY PAY
STATE JOB TITLE AND DESCRIBE YOUR WORK	START _____ LAST _____ REASON FOR LEAVING

MILITARY

DESCRIBE YOUR DUTIES AND SPECIAL TRAINING	PERIOD OF ACTIVE DUTY (MONTH AND YEAR)
	DATE OF DISCHARGE
	DATE OF FINAL DISCHARGE

IF THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, THE INFORMATION REQUESTED IS NEEDED FOR A LEGALLY PERMISSIBLE REASON, INCLUDING WITHOUT LIMITATION, NATIONAL SECURITY CONSIDERATIONS, A LEGITIMATE OCCUPATION QUALIFICATION OR BUSINESS NECESSITY. THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. FEDERAL LAW ALSO GRATUITIES DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO CERTAIN INDIVIDUALS. THE LAWS AT MOST STATES ALSO PROHIBIT SAME 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 HANDICAPPED OR DISABILITY.

PROVIDE DATES YOU ATTENDED SCHOOL	
ELEMENTARY: FROM _____ TO _____	
HIGH SCHOOL: FROM _____ TO _____	
OTHER (GIVE NAME AND DATES)	
ARE YOU A U.S. CITIZEN? YES NO	
ARE YOU OVER 18 YEARS OF AGE? YES NO	HOW LONG AT PRESENT ADDRESS? _____ YEARS
IF NOT, EMPLOYMENT IS SUBJECT TO VERIFICATION OF MINIMUM LEGAL AGE.	
ARE YOU A RESIDENT ALIEN? YES NO	HOW LONG AT PREVIOUS ADDRESS? _____ YEARS
IF YES, GREEN CARD NUMBER IS	
HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST 10 YEARS? (EXCLUDING MISDEMEANORS OR SUMMARY OFFENSES) WHICH HAS NOT BEEN ANNULLED, OR TESTED BY COURT. YES NO	
IF YES, DESCRIBE IN FULL	
STATE THE NAMES OF RELATIVES AND FRIENDS WORKING FOR US OTHER THAN YOUR SPOUSE	
HAVE YOU RECEIVED WORKMAN'S COMPENSATION OR DISABILITY INCOME PAYMENTS? YES NO	
IF YES, DESCRIBE	
DO YOU HAVE PHYSICAL DEFECTS, WHICH PREVENT YOU FROM PERFORMING CERTAIN JOBS? YES NO	
ARE THERE ANY PERTINENT FACTS YOU WISH TO PROVIDE CONCERNING YOUR QUALIFICATIONS?	
EXPLAIN:	
THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE. EMPLOYED, ANY MISSTATEMENT OR EMISSION OF FACT OF THIS APPLICATION MAY RESULT IN 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 INVESTIGATOR CONSUMER EMPLOYMENT 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 AND ADDRESS OF THE AGENCY SO I MAY OBTAIN FROM THEM THE NATURE AND CIRCUMSTANCES OF THE INFORMATION CONTAINED IN THE REPORT.	
_____ SIGNATURE	_____ DATE