

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin.
Public Law 90-202 prohibits discrimination because of age.

PERSONAL

Date _____

Name _____ SS # _____
Last First Middle Initial

Present Address _____ (____) _____
Number Street City State Zip PHONE

How long have you live at above address? _____ Are you a U.S. Citizen? _____ Email address _____

Previous Address _____ How long did you live there? _____
Number Street City State

Date of Birth _____ (Sex) M _____ F _____
Month Day Year

Marital Status: Single Engaged Married Separated Divorced

Number of Dependents Including Yourself _____ Number of Children _____

Is Spouse Employed? _____ If Yes, Kind of Work _____

Position(s) Applied For: 1. _____ Rate of Pay Expected \$ _____ per _____
2. _____ Rate of Pay Expected \$ _____ per _____

Do You Want To Work Full Time Part Time – Specify Days and Hours if Part Time _____

Have You Worked For Us Before? _____ If Yes, When? _____

List Any Friends or Relatives Working For Us _____

If Hired, What Date Will You Be Available To Start Work? _____

Do You Have Any Physical Handicaps Which Would Prevent You From Performing Specific Kinds of Work? _____

If Yes, Explain Your Limitations _____

Have You Ever Been Convicted Of A Crime, Excluding Misdemeanors? ___ No ___ Yes

(If Yes, Describe) _____

What Foreign Languages Do You Speak Fluently? _____ Read Write
_____ Read Write

Person(s) To Be Notified In Case of Emergency: _____
_____ Phone (____) _____
_____ Phone (____) _____

PRIOR WORK EXPERIENCE

Dates Month & Year	Name and Address of Employer	Phone Number	Salary Starting	Salary Ending	Reason For Leaving
From					
To					

Describe Work You Did

Dates Month & Year	Name and Address of Employer	Phone Number	Salary Starting	Salary Ending	Reason For Leaving
From					
To					

Describe Work You Did

Dates Month & Year	Name and Address of Employer	Phone Number	Salary Starting	Salary Ending	Reason For Leaving
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Describe Work You Did

Have You Ever Been Bonded? If Yes, On What Job(s)?

Does Your Present Employer Know Of Your Plans To Change Employment? Yes No

May We Contact The Employers Listed Above? _____ If Not, Indicate Below Which One(s) You Do
Not Want Us to Contact? _____

EDUCATIONAL BACKGROUND

School	Name and City	How Many Years Attended	Graduated		Course or Major
Grammar			Yes	No	
High School			Yes	No	
College			Yes	No	
Other Training or Education			Yes	No	

Describe any other experiences, skills or qualifications which you think could be helpful in working for the company.

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? Yes No If Yes, what branch _____

Dates of Duty: From _____ To _____ Rank at Discharge _____

Duties in Service, Including Special Training _____

PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

Name and Occupation	Address	Phone

I authorize investigation of all statements contained in this application. I understand that if employed, false statements on this application shall be sufficient cause for dismissal. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature and Date of Applicant