

# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

## DATE

NAME \_\_\_\_\_ SSN \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER YES  NO

## **SPECIAL QUESTIONS**

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION. THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- HEIGHT \_\_\_\_\_ FT. \_\_\_\_\_ IN.       Citizen of U.S. \_\_\_\_\_ YES \_\_\_\_\_ NO  
 WEIGHT \_\_\_\_\_ LBS.  
 What Foreign Languages do you speak fluently? \_\_\_\_\_  
Read \_\_\_\_\_ Write \_\_\_\_\_

- The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

## **EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

<b><u>EDUCATION</u></b>	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_

NATIONAL GUARD OF RESERVES \_\_\_\_\_

**FORMER EMPLOYEES:** LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.

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

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

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

**PHYSICAL RECORD:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  YES  NO

Please describe: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

"I certify that the facts 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 authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have. Personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, 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 any prior notice."

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_