

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 _____

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER _____

ARE YOU EMPLOYED NOW? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE _____ WHEN _____

EDUCATION	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				
FROM				
TO				
FROM				
TO				
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:** _____