



Application for Employment

Date _____ Social Security Number: _____

Name _____

Last First Middle

Present Address _____

Street City Zip

Phone Number(____) _____

If related to anyone in our employ, state name and department _____

EMPLOYMENT DESIRED

Position: _____ Date Available _____ Salary desired _____

Full or Part Time (circle one) Specify Hours/Days if Part Time _____

Are you now employed? _____ If so, may we inquire of your present employer? _____

Have you previously applied to this company? _____ When? _____

EDUCATION

	<i>Name & Location</i>	<i>Subjects Studied</i>	<i>Graduate?</i>
Grammar School			
High School			
College			
Trade/ Business			
Correspondence			

What language other than English do you speak fluently? _____

Activities:(Exclude any organization, the name or character of which indicates race, creed, sex, marital status, age, color, national origin, or any physical handicap of its members) _____

Are you able to produce valid identification and proof of legal residence upon the receipt of a job offer? _____

FORMER EMPLOYERS: (List all employers for the last ten years, starting with the last one first)

Date	Name & Address	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Were you in the United States Armed Forces? _____ If yes, do you have any skills relevant to the job for which you have applied, which were acquired during any military service? _____

Have you ever been convicted of a crime? A conviction will not necessarily disqualify an applicant from employment. (Do not include any marijuana-related convictions dated more than two years ago)

REFERENCES:

Name	Address	Business	Years Acquainted

In case of emergency notify _____
 Address _____ Phone number _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, 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 with or without notice.

Date: _____ Signature: _____

We do not discriminate against any person because of sex, race, color, religion, national origin, ancestry, citizenship, pregnancy, age, marital status, medical condition, or physical or mental disability.

Do not write below this line

Interview By: _____ Hired _____ For Department _____
 Reporting date _____ Salary _____
 Approved By: _____ Title _____ Date _____