

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

DATE: _____

SS# _____

NAME _____

CURRENT ADDRESS _____

PERMANENT ADDRESS _____

DAYTIME TELEPHONE _____

NIGHT TIME TELEPHONE _____

ARE YOU RELATED TO ANYONE IN OUR EMPLOYMENT?

LIST NAME AND DEPARTMENT _____

EMPLOYMENT DESIRED:

POSITION _____

DATE YOU CAN START _____

SALARY DESIRED _____

ARE YOU EMPLOYED AT PRESENT TIME? _____

IF SO, MAY WE INQUIRE YOUR PRESENT EMPLOYER _____

HAVE YOU APPLIED TO THIS COMPANY BEFORE? _____

WHERE _____

WHEN _____

AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASES OF AGE WITH RESPECT FOR INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
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GRAMMAR SCHOOL	_____			
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HIGH SCHOOL	_____			
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COLLEGE	_____			
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TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	_____			
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SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK, READ, AND WRITE FLUENTLY? _____

ACTIVITIES OTHER THAN RELIGIOUS CIVIC, ATHLETIC, FRATERNAL, ETC. _____

(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR OR NATIONAL ORIGIN OR ITS MEMBERS)

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

DATE NAME AND ADDRESS OF EMPLOYER SALARY POSITION REASON FOR LEAVING
MONTH & YEAR

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

NAME ADDRESS AND TELEPHONE BUSINESS YEARS AQUAINTED

1.

2.

3.

PHYSICAL RECORD: DO YOU HAVE ANY IMPAIRMENT THAT WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED? IF SO, PLEASE EXPLAIN.

IN CASE OF AN
EMERGENCY
NOTIFY

NAME ADDRESS TELEPHONE RELATIONSHIP

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 THAT MY EMPLOYMNET IS FOR NO DEFINITE PERIOD AND MANY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE _____

REMARKS: _____

NEATNESS

CHARACTER

PERSONALITY

ABILITY

HIRED _____ FOR DEPT _____ POSITION _____ WILL REPORT _____ SALARY/WAGES _____

APPROVED: 1.

THIS FORM COMPLIES WITH STATE AND FEDERAL FAIR EMPLOYMENT LAWS PROHIBITING DISCRIMINATION ON THE BASES OF AN APPLICANTS SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTION SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSABLE PURPOSES.