

APPLICATION FOR EMPLOYMENT

I MAKE APPLICATION FOR POSITIONS AS _____ DATE _____ 19____

NAME _____
(Print) (First) (Middle) (Last)

PRESENT HOME ADDRESS _____ TELEPHONE NO. _____

CITY _____ ZONE _____ STATE _____ SOCIAL SECURITY NO.

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PHYSICAL QUALIFICATIONS		OTHER QUALIFICATIONS	
MALE	FEMALE	SINGLE	DIVORCED
		MARRIED	WIDOW(ER)
HEIGHT	WEIGHT	ARE YOU A CITIZEN?	SEPARATED NUMBER OF CHILDREN
DO YOU HAVE ANY PHYSICAL DEFECTS?		DO YOU OWN YOUR OWN HOME?	NUMBER EXEMPTIONS CLAIMED FOR WITHHOLDING TAX PURPOSES
EXPLAIN NATURE OR DEFECTS.		HAVE YOU EVER BEEN REFUSED BOND?	IN CASE OF EMERGENCY WHOM SHOULD WE NOTIFY?
		IF BOND HAS BEEN REFUSED OR CANCELLED GIVE PARTICULARS	TEL. NO.
PRESENT STATE OF HEALTH?			HUSBAND'S OR WIFE'S FIRST NAME
			CAN YOU ACCEPT A POSITION IMMEDIATELY?
			IF NOT, HOW SOON?
			WHAT SALARY DO YOU EXPECT?
IS YOUR DRIVER'S LICENSE UP TO DATE?		HAVE YOU EVER BEEN ARRESTED?	
HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED?		REASON AND DATES:	
REASON & DATES:			

EDUCATION

	NAME	LOCATION	No. of Yrs. Attended	Year Left	Graduated (Yes or No)	Degree or Certificate	Major Course
High School							
College or Univ.							
Business School							
Technical Training							
Other							

PERSONAL REFERENCES

(Please do not list relatives or former employers)

NAME	ADDRESS	OCCUPATION

FINANCIAL REFERENCES

Name and address your bank: _____

Companies with which you have established credit or obtained loans. _____

RECORD OF PREVIOUS EMPLOYMENT

BIRTHDATE ____ / ____ / ____

PRESENT
(OR LAST) EMPLOYER _____

STREET ADDRESS _____ TELEPHONE _____

CITY _____ STATE _____

NATURE OF BUSINESS _____ NAME AND TITLE OF YOUR SUPERVISOR _____

YOUR POSITION _____ SALARY _____ DATE HIRED _____ DATE LEFT _____

CAN YOU RETAIN YOUR PRESENT POSITION INDEFINITELY? _____ MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

REASON FOR LEAVING
OR DESIRING TO CHANGE _____

EXACT DESCRIPTION OF YOUR DUTIES _____

**EXPERIENCE — BUSINESS OR PROFESSIONAL RECORD ON LAST POSITIONS, EXCEPT PRESENT EMPLOYER
LIST PLACES IN ORDER STARTING WITH LAST EMPLOYER FIRST**

EMPLOYMENT DATES		NAME AND ADDRESS OF EMPLOYER	BUSINESS	POSITION TITLE	SALARY RECEIVED	REASON FOR SEPARATION
FROM MO. YR.	TO MO. YR.					

IF YOU HAVE HAD ANY EXPERIENCE BESIDES THAT INDICATED BY THE POSITION TITLES ABOVE, PLEASE INDICATE: _____

HAVE YOU EVER RECEIVED WORKMAN'S COMPENSATION? _____ WHEN? _____

WOULD YOU BE WILLING TO WORK: EVENINGS DURING THE WEEK _____ SATURDAYS _____

SATURDAY EVENINGS _____ SUNDAYS _____

WERE YOU REFERRED TO THIS COMPANY AND BY WHOM? _____

REMARKS _____

I CERTIFY THAT ALL MADE IN THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, CORRECT. SHOULD ANY OF THE STATEMENTS BE SUBSEQUENTLY PROVED INACCURATE, I UNDERSTAND THE EMPLOYER MAY CANCEL ANY EMPLOYMENT AGREEMENT MADE WITH ME. YOU HAVE PERMISSION TO CONTACT MY PREVIOUS EMPLOYERS.

DATE _____

SIGNED _____