



EMPLOYMENT APPLICATION

NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street City State Zip

PHONE NO. _____ SOCIAL SECURITY NO. _____

Kind of work desired: _____ Salary or pay you expect: _____

Describe your prior experience in the kind of work you desire: _____

Describe any formal schooling or training for this work: _____

List any licenses, security or bonding clearance or certificates you may have: _____

Office skills (typing, machine operations, etc.) _____

Referral Source: Friend Relative Employment Agency Other

State name of agency/individual _____

Date available for work? _____ Full time Part time Temporary

Shifts or time you will work: Day Afternoon Graveyard Rotating Weekends Holidays

Will you work daily overtime on occasion if necessary? YES NO

Will you work extra days in the week if necessary? YES NO

Do you have any continuing military obligations such as National Guard or Reserve which might affect your work schedule? YES NO

Do you plan to work elsewhere or attend school while working here? YES NO

Use additional sheets for any explanations you may wish to give about answers given below:

Are you presently employed? YES NO

How much advance notice do you wish to give to your present employer? _____

Do you authorize us to contact your current employer as a reference? YES NO

Are you willing to take a physical examination at company expense? YES NO

Have you been hospitalized within the last 5 years for any reason? YES NO

Have you missed more than a day or two of work or school due to illness within the last 5 years? YES NO

Have you ever worked for this company before? YES NO

Do you authorize us to contact your previous employers for references? YES NO

Have you earned pension or retirement credits other than Social Security in any prior employment? YES NO

Have you ever been discharged for cause? YES NO

Do you have any friends or relatives working for this company? _____

Hobbies/Interests: _____

Can you, after an offer of employment, submit a birth certificate or other proof of U.S. citizenship? YES NO

If not, are you legally permitted to work in the U.S.? YES NO

If you are a citizen of the United States and are hired to work, you will be required within 3 working days to furnish documentation that you are a legally entitled to work in the U.S.

Have you ever been indicted or convicted of a law violation other than a minor traffic violation? (A criminal record does not automatically bar employment.) YES NO

If this information is included on an attached resume, please disregard this section.

High School Name of Last High School _____ Location _____

Circle highest year completed 9 10 11 12 Average Grade _____

Date Left _____

Special Courses (Typing, Technical, etc.) _____

College or University

Name _____
Years attended _____
Major Subject _____

Location _____
Degree _____ Date Left _____
G.P.A. _____

Other (Graduate, Trade School)

Name _____
Years attended _____
Major Subject _____

Location _____
Degree _____ Date Left _____
G.P.A. _____

Employment and U.S. Military Service Record

COMPLETE THIS SECTION even if you have attached a resume. Give a complete account of your full time employment. BEGIN ON THE FIRST LINE WITH YOUR PRESENT OR MOST RECENT POSITION.

Military Service Record

1. Employer: _____ Supervisors Name: _____

Address: _____ Phone: _____

Main Duties: _____

From _____ To _____ Start Pay _____ End Pay _____

Reason for leaving? _____

2. Employer: _____ Supervisors Name: _____

Address: _____ Phone: _____

Main Duties: _____

From _____ To _____ Start Pay _____ End Pay _____

Reason for leaving? _____

3. Employer: _____ Supervisors Name: _____

Address: _____ Phone: _____

Main Duties: _____

From _____ To _____ Start Pay _____ End Pay _____

Reason for leaving? _____

Personal Information:

Information in this section is required only after employment for personal records.

Number of Dependents _____

Marital Status: Single _____ Married _____
Divorced _____ Widowed _____

Race: _____

Date of Birth: _____ Sex: M F Height: _____ Weight: _____

Person to notify in case of Emergency: _____

Name of spouse (if any): _____

Spouse's Employer: _____ Phone: _____

Name of personal physician: _____ Phone: _____

Certificate of Applicant *(Read carefully before signing)*

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or if employed, may be just cause for subsequent dismissal. I hereby authorize any former employer, person, firm or corporation listed hereon including this company to answer any and all questions an agree to hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed shall be completely voluntary and may be terminated at will at any time upon notice by either myself or the company. I agree to comply with all reasonable rules of the company as a condition of continued employment. In the event the company advances me money or other things of value, or I otherwise become financially indebted to the company, I agree to repay the company and also that any wages due me upon termination may be offset by payroll deduction against any such monies due the company.

Signature of Applicant: _____ Date: _____

Qualified applications receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed color, national origin, religion, age or sex etc., as prohibited by law or regulation.