

APPLICATION FOR EMPLOYMENT

(LAST)

(FIRST)

(MIDDLE)

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PERSONAL INFORMATION			DATE _____
NAME			
Last	First	Middle	
PRESENT ADDRESS			
			City State
ALTERNATE ADDRESS			
			City State
PHONE NO.	SOCIAL SECURITY NO.	REFERRED BY	

GENERAL		
WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?		READ WRITE
U.S. MILITARY OR NAVAL SERVICE RANK		
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, are you legally allowed to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how long? _____	If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship, or verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If employment is offered, can you produce personal identification such as a U.S. passport, a driver's license, or photographic identification card issued by the State? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What date are you available for employment?		
Have you ever applied for a position with this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Location When
Are you presently on layoff or leave of absence from any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain here:		

EDUCATION											
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR(S) OR COURSE	CIRCLE LAST YEAR COMPLETED				GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	GIVE DEGREE(S)	CUM G.P.A. SCALE (IE) 4.0, 5.0	STILL ATTENDING? <input type="checkbox"/> Yes <input type="checkbox"/> No	LAST YEAR ATTENDED
			5	6	7	8					
Elementary											
High School			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	19	
Graduate School			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	19	
Business or Trade School			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	19	
Correspondence or Night School			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	19	
Other job-related educational institutions			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

WORK PREFERENCES		
Answer only the questions that apply to you and the position for which you are applying.		
What type of employment do you want? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer	Will you work shifts?	
For what type of position are you applying?		
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No What percent of the time?	Can you type? <input type="checkbox"/> Yes <input type="checkbox"/> No	W.P.M.
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your minimum salary requirement?	Can you keypunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	W.P.M.

(CONTINUED ON OTHER SIDE)

EMPLOYMENT HISTORY (LIST BELOW CURRENT AND PREVIOUS EMPLOYERS, STARTING WITH CURRENT OR LATEST EMPLOYER FIRST)

DATE MONTH AND YEAR	EMPLOYER NAME, ADDRESS AND PHONE	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES:

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

	NAME	ADDRESS	BUSINESS	YEARS KNOWN
1.				
2.				
3.				

As an applicant for employment, I understand the following:

- All information is subject to verification.
- Any misrepresentation or falsification of information requested here will be cause for rejection of this application or for subsequent discipline up to and including my dismissal from employment.
- If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound by the safety and health rules and regulations of the company.
- My employment is not guaranteed for any term, and that my employment may be terminated by the company or myself for any reason.
- No management official is authorized to make any oral assurance or promise of continued employment.
- I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information.
- I agree to submit to any lawful drug testing that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.
- I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status, or, if aliens, their legal authorization to work in the U.S. Therefore, I realize that any offer of employment would be contingent upon my ability to produce the required documentation within the time period required by law.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ *DO NOT WRITE BELOW THIS LINE* _____ DATE _____

REMARKS:

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

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

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

This Company will not discriminate against any employee or applicant for employment because of age, religion, sex, race, color, national origin, disability, non-job-related handicap, or because they are a disabled veteran or Vietnam era veteran. Answers to application questions will be utilized for applicable, job-related information only.

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