



APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL INFORMATION

DATE:
NAME LAST FIRST MIDDLE INITIAL S.S #
LOCAL ADDRESS STREET CITY STATE ZIP TELEPHONE
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE) STREET CITY STATE ZIP TELEPHONE
ARE YOU 18 YEARS OF AGE OR OLDER? YES NO ARE YOU CURRENTLY A STUDENT? YES NO
SEX: MALE FEMALE
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF A VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

POSITIONS AVAILABILITY: FROM THRU: SALARY DESIRED:
ARE YOU EMPLOYED NOW? YES NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHEN?
REFERRED BY:

EMPLOYMENT HISTORY

COMPANY NAME SUPERVISOR
ADDRESS CITY STATE TELEPHONE
EMPLOYED FROM (month & year): TO: WEEKLY PAY START: LAST:
STATE JOB TITLE AND DESCRIBE YOUR WORK:
REASON FOR LEAVING:
COMPANY NAME SUPERVISOR
ADDRESS CITY STATE TELEPHONE
EMPLOYED FROM (month & year): TO: WEEKLY PAY START: LAST:
STATE JOB TITLE AND DESCRIBE YOUR WORK:
REASON FOR LEAVING:

EDUCATION

NAME AND CITY/STATE

CIRCLE LAST YEAR COMPLETED

HIGH SCHOOL _____ 1 2 3 4

COLLEGE _____ 1 2 3 4

TRADE, BUSINESS OR
CORRESPONDENCE
SCHOOL _____ 1 2 3 4SUBJECTS STUDIED AND DEGREE(S) RECEIVED SINCE HIGH SCHOOL: _____

REFERENCES

Give the names of two persons not related to you, whom you have known for at least one year.

NAME	RELATIONSHIP	TELEPHONE	YEARS KNOWN
1. _____	() _____	_____ - _____	_____
2. _____	() _____	_____ - _____	_____

OTHER INFORMATIONDO YOU CURRENTLY HOLD A VALID DRIVER'S LICENSE? YES NODO YOU HAVE ANY PHYSICAL LIMITATIONS TO PERFORMING JOB DUTIES? YES NOIF YES, PLEASE EXPLAIN: _____
_____ARE YOU A VETERAN? YES NOIN CASE OF EMERGENCY NOTIFY: _____ () _____
NAME RELATIONSHIP TELEPHONE

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY.

SIGNATURE_____
DATE