

Application for Employment

Date _____

S.S.# _____

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age. Title I employment provisions of the Americans With Disabilities Act of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures.

PERSONAL INFORMATION

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

HOW LONG AT ABOVE ADDRESS: _____ PHONE: _____

PREVIOUS ADDRESS: _____ HOW LONG?
(STREET) (CITY) (STATE) (ZIP)

ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE UNITED STATES? YES NO ARE YOU 18 YEARS OR OLDER? YES NO

POSITION APPLIED FOR: 1. _____ RATE OF PAY EXPECTED \$ _____ PER _____
2. _____ RATE OF PAY EXPECTED \$ _____ PER _____

WOULD YOU PREFER TO WORK FULL TIME PART TIME TEMPORARY DATE AVAILABLE _____

HAVE YOU WORKED FOR US BEFORE? YES NO. IF YES, WHEN? _____

LIST ANY FRIENDS OR RELATIVES WORKING FOR US: _____

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING, MACHINE OPERATIONS, HOBBIES, LANGUAGES, ETC.

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? YES NO. IF YES, PLEASE EXPLAIN:

(CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FOR EMPLOYMENT)

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:

NAME: _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP: _____

(LAST)

(FIRST)

(MIDDLE)

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

1	EMPLOYER	DATES EMPLOYED		DUTIES
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)	HOURL YRATE/SALARY		
		STARTING	FINAL	
	JOB TITLE	SUPERVISOR		
	REASON FOR LEAVING			
2	EMPLOYER	DATES EMPLOYED		DUTIES
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)	HOURL YRATE/SALARY		
		STARTING	FINAL	
	JOB TITLE	SUPERVISOR		
	REASON FOR LEAVING			
3	EMPLOYER	DATES EMPLOYED		DUTIES
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)	HOURL YRATE/SALARY		
		STARTING	FINAL	
	JOB TITLE	SUPERVISOR		
	REASON FOR LEAVING			
4	EMPLOYER	DATES EMPLOYED		DUTIES
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)	HOURL YRATE/SALARY		
		STARTING	FINAL	
	JOB TITLE	SUPERVISOR		
	REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper.

ARE YOU EMPLOYED NOW? YES NO

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE EMPLOYMENT? YES NO

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO. IF NOT, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT.

EDUCATIONAL BACKGROUND

SCHOOL	NAME AND CITY	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
GRAMMAR SCHOOL			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	

DESCRIBE ANY OTHER EXPERIENCE, SKILLS OR QUALIFICATIONS WHICH YOU THINK COULD BE HELPFUL IN WORK FOR THE COMPANY:

PERSONAL REFERENCES (Excluding Former Employers or Relatives)

NAME:	BUSINESS:
ADDRESS:	PHONE:
CITY	STATE ZIP YEARS ACQUAINTED:
NAME:	BUSINESS:
ADDRESS:	PHONE:
CITY	STATE ZIP YEARS ACQUAINTED:
NAME:	BUSINESS:
ADDRESS:	PHONE:
CITY	STATE ZIP YEARS ACQUAINTED:

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 AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OR MY WAGES AND SALARY, BE TERMINATED AT ANY TIME.

Date

Signature

