

# Application for Employment

Applicants will be considered for employment without regard to race, religion, color, sex, National origin, age, marital or veteran status or any other status directed by law. We are an Equal Opportunity Employer.

**Personal** (Please Print) Date \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
(Last) (first) (middle)

Address \_\_\_\_\_  
(street) (City) (state) (Zip)

Telephone No. \_\_\_\_\_ Referred by:  Our advt.  Emp. Agency  Friend or Relative  No One

Are you Legally eligible for permanent employment in the United States? \_\_\_\_\_. (If hired, verification will be required by law).

Position (s) applied for \_\_\_\_\_  Full time  Part time

Part time, specify days/hours \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_ per \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_. If YES, when? \_\_\_\_\_ Position \_\_\_\_\_

Indicate special qualifications or skills \_\_\_\_\_

EDUCATION: Name & Location of School	Course of Study	Years completed	Did You Graduate?
Elementary _____	_____	_____	_____
High School _____	_____	_____	_____
College _____	_____	_____	_____
Other _____	_____	_____	_____

### IMPORTANT NOTICE TO APPLICANT

**DO NOT answer questions in area below UNLESS block next to question has been checked by employer.**  
*(a check indicates information is necessary for bona fide job classification. National security or for other legally permissible reasons.)*

Are you over 18 years of age? \_\_\_\_\_. If NO, state your age: \_\_\_\_\_ (Employment subject to minimum legal age verification.)

Sex \_\_\_\_\_ Male \_\_\_\_\_ Female  Height: \_\_\_\_\_ ft \_\_\_\_\_ in.  Weight: \_\_\_\_\_ lbs.

Marital status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Have you ever been bonded in prior employment? \_\_\_\_\_. If YES, list name (s) of employer (s) : \_\_\_\_\_

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? \_\_\_\_\_. If YES, list convictions:  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a disability which will limit or prohibit you from performing the work for which you have applied? \_\_\_\_\_.  
 If YES, explain.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*continued on reverse side.*

**PRIOR EMPLOYMENT**

(Start with most recent employment)

Employer ( ) -	Phone	From	To
Address		Position	
Duties		Supervisor's Name	
		Starting salary or wages	
Reason for leaving		Final Salary or wages	
Employer ( ) -	Phone	From	To
Address		Position	
Duties		Supervisor's Name	
		Starting salary or wages	
Reason for leaving		Final Salary or wages	
Employer ( ) -	Phone	From	To
Address		Position	
Duties		Supervisor's Name	
		Starting salary or wages	
Reason for leaving		Final Salary or wages	

**MILITARY SERVICE**

Branch of service	From	To	Rank & Duties	Date Discharged

**PERSONAL REFERENCES**

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

*The above information is true and complete to the best of my knowledge. Should I be employed by the company, any misrepresentation of false statement contained herein may be considered cause for possible dismissal. The company has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any report furnished to the Company.*

*I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company. I may resign employment at any time at my discretion with or without prior notice and the Company may terminate my employment at any time at their discretion with or without cause and with or without prior notice.*

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

SUMMARY OF INTERVIEW: _____	
Accepted for employment: [ ] Yes [ ] No	Position _____
Starting Rate \$ _____ [ ] Hour [ ] Week	Scheduled to start work: ____/____/____
Interviewed by: _____	Date ____/____/____

Approved by : \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_