

# application for employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin.

| PERSONAL INFORMATION |        |  |       |     |
|----------------------|--------|--|-------|-----|
|                      | Date   | Social Security Number                         |       |     |
| Name                 |        |  |       |     |
| Last                 | First  | Middle   |       |     |
| Present Address      |        |  |       |     |
|                      | Street | City   | State | Zip |
| Permanent Address    |        |  |       |     |
|                      | Street | City   | State | Zip |
| Phone No.            |        |  |       |     |
| Referred By          |        | Do you drink coffee? (circle one)    Yes    No |       |     |

  

| EMPLOYMENT DESIRED                   |                    |  |
|--------------------------------------|--------------------|--|
| Position                             | Date You Can Start | Salary Desired                                 |
| Are You Employed Now?                |                    | If So May We Inquire of Your Present Employer? |
| Ever Applied to this Company Before? | Where              | When   |

| EDUCATION                                | Name and Location of School | Circle Last Year Completed | Did You Graduate?   | Subjects Studied and Degree(s) Received |
|--|-----------------------------|----------------------------|---|---|
| Grammar School                           |                             |                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|  |                             |                            |   |   |
| High School                              |                             | 1 2 3 4                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|  |                             |                            |   |   |
| College                                  |                             | 1 2 3 4                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|  |                             |                            |   |   |
| Trade, Business or Correspondence School |                             | 1 2 3 4                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|  |                             |                            |   |   |

Subjects of Special Study or Research Work

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Activities Other Than Religious (Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, AGE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

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**FORMER EMPLOYERS** List Below Last Four Employers, Starting With Last One First

| Date<br>Month and Year | Name and Address of Employer | 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<br>Acquainted |
|------|---------|----------|---------------------|
| 1    |         |          |                     |
| 2    |         |          |                     |
| 3    |         |          |                     |

**PHYSICAL RECORD:**

Do you have any physical condition which may limit your ability to perform the job applied for?

This question is voluntary, and any answers will be kept confidential.

In Case of  
Emergency Notify

Name

Address

Phone No.

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 of my wages and salary, be terminated any time without any previous notice.

Date

Signature

**DO NOT WRITE BELOW THIS LINE**

Interviewed By

Date

**REMARKS:**

Neatness

Ability

Hired

For Dept.

Position

Will Report

Salary  
Wages

Approved: 1.

2.

3.

Employment Manager

Dept. Head

General Manager