

**AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT**

DATE _____

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ DATE OF BIRTH _____

CAN YOU PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.A.? _____

IF RELATED TO ANYONE UNDER OUR EMPLOY, STATE NAME AND LOCATION OF EMPLOYEE:

NAME: _____ LOCATION: _____ REFERRED BY: _____

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	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
BUSINESS OR TRADE SCHOOL				

Any Technical or Acquired talents which may help you carry out your duties if hired? _____

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

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

LAST
FIRST
MIDDLE

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

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

I AUTHORIZED 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 AT ANY TIME WITHOUT PREVIOUS NOTICE.

IF ACCEPTED ARE YOU WILLING TO TAKE A MEDICAL EXAMINATION AND A DRUG TEST? YES NO

DATE SIGNATURE

NOTE: TO BE FILLED IN WHEN APPLYING FOR A POSITION AS: DRIVER - HELPER - MECHANIC

DRIVER'S LICENSE NUMBER EXPIRES CLASS STATE

• LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN PARKING) OF WHICH YOU HAVE BEEN CONVICTED OR FORFETITED BOND DURING THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION:

• HAS YOUR OPERATORS LICENSE OR CHAUFFEURS PERMIT EVER BEEN SUSPENDED? IF "YES," PLEASE GIVE DETAILS:

• HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF "YES" PLEASE GIVE DETAILS:

NOTE: IF APPLYING FOR A DRIVING POSITION, THE COMPLETION OF ADDITIONAL FORMS WILL BE NECESSARY.

DO NOT WRITE BELOW THIS LINE

MANAGERS ORAL REVIEW FOR EMPLOYMENT

• IS THERE ANY PHYSICAL CONDITION THAT MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR?

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

INTERVIEWED BY		DATE	
*POSITION NUMBER	RESULTS OF REFERENCE CHECK	*POSITION NUMBER	RESULTS OF REFERENCE CHECK
1.		3.	
2.		4.	

HIRED FOR DEPT. POSITION WILL REPORT SALARY WAGES

APPROVED: 1. SUPERVISOR 2. DIVISION MANAGER