

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

Application for Employment

PERSONAL	Last Name		First Name	Middle	Date
	Street Address				Home Telephone ()
	City, State, ZIP				Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month/Year _____ Location _____				Social Security #
	Position Desired				Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? _____				When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)				

<input type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.
<input type="checkbox"/>	State names of relatives and friends working for us, other than your spouse.

EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present/most recent employer first.

1	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason For Leaving

2	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason For Leaving

3	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason For Leaving

<p style="font-size: small;">We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	DO NOT CONTACT
Employer Number(s) _____ Reason: _____	

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in What Branch?
Describe any training received relevant to the position for which you are applying.		

Applicant Signature

Date