

An Equal Opportunity Employer

PERSONAL INFORMATION:

Today's Date: _____

NAME:

last first middle

SOCIAL SECURITY NO. _____

PRESENT ADDRESS:

street city state zip

PERMANENT ADDRESS:

street city state zip

PHONE NUMBER: () _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES or NO (circle)

ARE YOU 18 YRS OR OLDER? YES or NO (circle)

DO YOU HAVE RELIABLE TRANSPORTATION? YES or NO (circle)

SPECIAL QUESTIONS:

Do not answer any of the questions in this framed area unless the employer has checked a box preceding a question, thereby indicating that the information is required for a bona fide occupational qualification or is needed for other legally permissible reasons.

Height _____ feet _____ inches

United States Citizen ____yes ____no

Weight _____ pounds

Date of Birth _____

Are You A Veteran ? ____yes ____no

The age discrimination on Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

EMPLOYMENT DESIRED:

POSITION: _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW ? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER ? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE ? _____ IF SO, WHEN ? _____

EDUCATION:

Please list name and city/state of school.

	No. of yrs attended:	Did you graduate?	Subjects Studied:
Grammar School:			
High School:			
College:			
Trade, Business or Correspondence School:			

ALL NEW HIRES WILL BE REQUIRED TO PARTICIPATE IN OUR DRUG TESTING PROGRAM: _____ (initial)

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PREVIOUS EMPLOYMENT:

Date/Month/Year	Name & Address of Employer:	Salary:	Position:	Reason For Leaving Employment:

REFERENCES: Please list three (3) persons not related to you whom you have known at least one year.

Name:	Address:	Business:	Phone No.	Years Acquainted:

PHYSICAL RECORD:

Do you have any physical limitations which would preclude you from performing any work for which you are being considered? YES or NO (circle)

If yes, please describe: _____

In case of emergency notify: _____
Name Address Phone Number(s)

I certify that all the facts contained in this application are true and complete to the best of my knowledge and understand, that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigations of all statements contained herein, the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

DATE: _____ SIGNATURE: _____
 PRINTED NAME: _____

OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____
 HIRED: Yes or No (circle) POSITION: _____ DEPARTMENT: _____

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.