

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

NAME (LAST NAME, FIRST)			SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		

## EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

## FORMER EMPLOYERS (LIST YOUR LAST FOUR EMPLOYERS, START WITH MOST CURRENT)

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

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

“I certify that the statements and facts contained in this application are true to the best of my knowledge and understand that and false statements or misrepresentations are grounds for dismissal. I authorize the investigation of all statements and facts contained in this application, including the personal references and previous and current employers. I also release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any employment agreement for any specified period of time. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws”

DATE	SIGNATURE
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DO NOT WRITE BELOW THIS LINE

REMARKS


INTERVIEWED BY	DATE
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APPEARANCE	CHARACTER
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PERSONALITY	ABILITY
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HIRE DATE	FOR DEPT.	POSITION	SALARY
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THIS APPLICATION IS FOR USE WITHIN THE UNITED STATES. THE COMPANY ASSUMES NO RESPONSIBILITY AND DISCLAIMS ANY LIABILITY FOR THE INCLUSION IN THIS FORM OF ANY QUESTIONS OR REQUESTS FOR INFORMATION UPON WHICH A VIOLATION OF LOCAL, STATE AND/OR FEDERAL LAW MAY BE BASED. IT IS THE USER'S RESPONSIBILITY TO ENSURE THAT THIS FORMS USE COMPLIES WITH APPLICABLE LAWS, WHICH CHANGE FROM TIME TO TIME.