

APPLICATION FOR EMPLOYMENT

PERSONAL	Last Name	First	Middle	Date
	Street Address			Home Phone ()
	City, State, ZIP			Business Phone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be able to begin work?
	Other special training or skills (languages, machine operation, etc.)			

EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	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	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations <i>(Exclude those which may disclose your race, color, religion or national origin)</i>	

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

EMPLOYMENT

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

1	Company Name	Telephone ()
	Address	Employed - (State month and 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 - (State month and 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 - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

MILITARY	Did you serve in the US Armed Forces?	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying?		

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race color, religion, sex or national origin. Federal law also prohibits discrimination as well as some additional types such as discrimination based upon ancestry, marital status or sexual preference.

<input checked="" type="checkbox"/>	Provide dates you attended school:		<input type="checkbox"/> Number of dependents including yourself
	High School From _____ To _____	Elementary From _____ To _____	<input type="checkbox"/> Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other (give names and dates)	College From _____ To _____	<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

<input checked="" type="checkbox"/>	What was your previous address?	How long at present address? _____ Years
		<input type="checkbox"/> How long at previous address? _____ Years

<input checked="" type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over 18 years of age?
	If "yes" with what employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age.

<input checked="" 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 checked="" type="checkbox"/>	State names of relatives and friends working for you, other than your spouse.
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The information provided on this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature