

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, color, creed, sex, age, national origin, religion, handicap, veteran status, or belonging to any other protected class.

PERSONAL	Last Name		First	M.I.	Date	
	Street Address			Apt. No.	Home Telephone	
	City, State Zip				Mobile Telephone	
	Have you ever applied for employment with us? <input type="checkbox"/> No <input type="checkbox"/> Yes   If Yes, Month & Year:   /   Location:				Social Security Number	
	Position Desired				Pay Expected	
	Apart for absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, 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 of America? <input type="checkbox"/> Yes <input type="checkbox"/> No				When will you be eligible to begin work?	
	Do you have any special training or skills? (languages, machine operations, etc.)					

EDUCATION	Level	Name & Location of School	Course of Study	Number 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	
(Exclude those which may disclose your race, color, religion, national origin, or sexual orientation.)	

Employment History		<i>Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer.</i>	
<b>1</b>	Company Name	Telephone	
	Address	Employed (State Month and Year) From:                      To:	
	Name of Supervisor	Weekly Pay Start:                      Last:	
	Job Title and Description of Work	Reason for Leaving	
<b>2</b>	Company Name	Telephone	
	Address	Employed (State Month and Year) From:                      To:	
	Name of Supervisor	Weekly Pay Start:                      Last:	
	Job Title and Description of Work	Reason for Leaving	
<b>3</b>	Company Name	Telephone	
	Address	Employed (State Month and Year) From:                      To:	
	Name of Supervisor	Weekly Pay Start:                      Last:	
	Job Title and Description of Work	Reason for Leaving	
<b>4</b>	Company Name	Telephone	
	Address	Employed (State Month and Year) From:                      To:	
	Name of Supervisor	Weekly Pay Start:                      Last:	
	Job Title and Description of Work	Reason for Leaving	
<b>5</b>	Company Name	Telephone	
	Address	Employed (State Month and Year) From:                      To:	
	Name of Supervisor	Weekly Pay Start:                      Last:	
	Job Title and Description of Work	Reason for Leaving	
<i>We may contact the employers listed above unless you indicate those you do want us to contact.</i>		<b>Do Not Contact</b>	
		Employer Number(s):	Reason(s):

<b>Military Service</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, Start:    /    End:    /		If Yes, in which branch?
	Describe any training you received relevant to the position for which you are applying:		

<b>S I G N A T U R E</b>	The information provided in this Application for Employment is true, correct, and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.		
	I understand that acceptance of an offer of employment creates no obligation on you, the employer, to continue to employ me in the future.		
	Applicant Signature:	Date:    /    /	