

APPLICATION FOR EMPLOYMENT

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO AGE, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR MILITARY STATUS.

DATE

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.	PHONE
PRESENT ADDRESS	CITY	STATE	ZIP CODE	LIVED THERE HOW LONG?
LAST PRESENT ADDRESS	CITY	STATE	ZIP CODE	LIVED THERE HOW LONG?

POSITION(S) APPLIED FOR FULL TIME
 PART TIME RATE OF PAY EXPECTED

HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES - IF SO WHEN? NO HOW DID YOU LEARN ABOUT THE JOB YOU ARE APPLYING FOR?

NAME RELATIVES/FRIENDS WORKING FOR US

LIST SPECIAL SKILLS/MACHINERY YOU CAN OPERATE

EDUCATION (NAME AND LOCATION OF SCHOOL)	COURSE OF STUDY	NO. OF YEAR ATTENDED	DID YOU GRADUATE
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TRADE, BUSINESS OR OTHER			

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS

U.S. MILITARY SERVICE YES - IF SO WHEN? NO BRANCH DATES OF DUTY RANK AT DISCHARGE

LIST DUTIES AND SPECIAL TRAINING

IN CASE OF EMERGENCY THE FOLLOWING PERSON SHOULD BE NOTIFIED

NAME AND ADDRESS	RELATIONSHIP	PHONE
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APPLICANT: Do not answer any questions in this area unless the employer has check the box next to the question indicating that this information is needed for a bonafide occupational qualification, national security laws or other legally permissible reason. The Civil Rights Act of 1964 prohibits employment discrimination because of race, color, religion, sex, or national origin. P.L. 90-202 prohibits discrimination because of age to those who are at least 40 but less than 65 years old.

ARE YOU OVER 18? YES NO DATE OF BIRTH

SEX MALE FEMALE HEIGHT & WEIGHT SELECTIVE SERVICE CLASSIFICATION

HAVE YOU EVER BEEN BONDED? YES - If YES, on what jobs? NO

Have you been convicted of a crime in the past 10 years, excluding misdemeanors and summary offenses YES - If YES, describe conviction NO

PREVIOUS EMPLOYMENT (NAME AND ADDRESS)	DATE (MO. & YR.)		KIND OF WORK	WAGE		REASON FOR LEAVING
	FROM	TO		START	FINAL	
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

WE WILL CONTACT YOUR PREVIOUS EMPLOYERS **UNLESS** YOU CHECK THE APPROPRIATE BLOCK

DO YOU HAVE ANY PHYSICAL DEFECTS WHICH PRECLUDE YOU FROM PERFORMING CERTAIN KINDS OF WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE DEFECT AND WORK LIMITATIONS
Use this space to summarize any additional information necessary to describe your full qualifications.	

I agree that any false statement in this application shall be sufficient cause for rejection or dismissal. I hereby grant permission to investigate any of the information included in this application and to submit to medical examination if required. The use of this blank does not indicate there are positions open and does not in any way obligate this Company.

SIGNATURE OF APPLICANT _____

APPLICANT INTERVIEWED	INTERVIEW DATE AND TIME	INTERVIEWED BY	TESTS GIVEN
RESULT OF INTERVIEW/COMMENTS			

ACCEPTABLE FOR EMPLOYMENT YES NO

STARTING DATE	JOB TITLE	STARTING RATE	
DEPARTMENT			
APPROVED BY	DATE		