

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin. Public Law 90-202 prohibits discrimination because of age. The laws of some states prohibit some or all of the above mentioned types of discrimination.

PERSONAL

Date: _____

Name _____ Social Security No. _____
Last First Middle Initial

Present address _____
No. Street City State Zip

How many years have you lived at this address? _____ Telephone No. (Area) _____

Previous address _____ How long did you live there? _____
No. Street City State Zip

Job(s) applied for 1. _____ Rate of pay expected \$ _____ per _____
2. _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening? _____

Do you want to work Full-Time or Part-time. Specify days and hours if part-time _____

Have you worked for us before? _____ If yes, when? _____

List any friends or relatives working for us _____

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Company?

If hired, do you have a reliable means of transportation to get to work? _____

Do you have any physical handicaps which would prevent you from performing specific kinds of work? _____ If yes, describe the defect(s) and explain the work limitations. _____

Have you had a serious illness in the past 5 years? No Yes (describe) _____

Have you ever received compensation for injuries? No Yes (explain) _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? No Yes

If yes, describe in full _____

Person to be notified in case of accident or emergency

Name _____ Phone Number _____

Address _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	How Many Years Attended	Graduated	COURSE OR MAJOR
GRAMMAR OR GRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
POST GRADUATE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS OR TRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE RECORD

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____
Month Day Year Month Day Year

What were your duties in the Service (include special training and duty station)? _____

Have you had any schooling under the G. I. Bill of Rights? _____ If yes, describe. _____

TO THE APPLICANT:

Do not answer any *italicized* question below the double line unless the employer has checked the box next to the question. A check indicates that the information requested is needed for 1) a bonafide occupational qualification, 2) is in compliance with national security laws, or 3) other legally permissible reasons.

Are you over 21 years of age? Yes No *If no, employment is subject to verification that you are of minimum legal age.*

When were you born? _____
Month Day Year

How old are you? _____

Sex: Male Female

Height: _____ ft. _____ in.

Weight: _____ lbs.

What is your marital status Single Engaged Married Separated Divorced Widowed

When were you married? _____
Month Day Year

How many dependents do you have (including yourself)? _____

Are you a United States Citizen? Yes No

Have you registered for the Draft? Yes No

What is your Selective Service classification? _____

Please tell us when you attended school.

Elementary - - From _____ to _____ *College* - - - - From _____ to _____

High School - - From _____ to _____ _____ (other) - From _____ to _____

Have you ever been bonded? Yes No *If yes, for what job(s)?* _____

Employer may ask other bonafide occupational questions below:

PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

Name and Occupation	Address	Phone Number
1. _____	_____	
2. _____	_____	
3. _____	_____	

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did.						

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did.						

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did.						

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did.						

May we contact the employers listed above? _____ If not, indicate below which one(s) you do not wish us to contact
