



DATE: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

NAME: \_\_\_\_\_  
Last First M.I.

PRESENT ADDRESS: \_\_\_\_\_  
Street City State Zip

PERMANENT ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE NUMBER: ( ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_

CITIZEN OF UNITED STATES:  YES  NO

IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME & DEPARTMENT: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

## EMPLOYMENT DESIRED:

POSITION: \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \$ \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
BUSINESS/TRADE SCHOOL				

## SUBJECTS OF SPECIAL STUDY OR WORK RESEARCH

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_ READ \_\_\_\_\_ WRITE \_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

ACTIVITIES OTHER THAN RELIGIOUS (CIVIC, ATHLETIC, FRATERNAL, ETC.) \_\_\_\_\_

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES:** GIVE BELOW THE NAMES OF THREE (3) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**PHYSICAL RECORD:**

WERE YOU EVER INJURED? \_\_\_\_\_ PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU ANY DEFECTS IN HEARING? \_\_\_\_\_ IN VISION? \_\_\_\_\_ IN SPEECH? \_\_\_\_\_

IN CASE OF AN EMERGENCY NOTIFY: \_\_\_\_\_ ( )  
 NAME ADDRESS PHONE

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_

NEATNESS	
PERSONALITY	
CHARACTER	
ABILITY	

HIRED \_\_\_\_\_ DATE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ SALARY \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_