

APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS
Date ---

FEDERAL AND STATE LAW REQUIRES THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE OR NATIONAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL EMPLOYMENT OPPORTUNITY AND WILL FULFILL OUR OBLIGATION TO THE FULLEST.

PERSONAL DATA

NAME _____ SOCIAL SECURITY NO. _____
 PERMANENT ADDRESS _____
 TELEPHONE NUMBER _____ HOW LONG AT ABOVE ADDRESS? _____
 PREVIOUS ADDRESS _____ HOW LONG? _____
 POSITION APPLIED FOR _____ DATE YOU CAN START _____
 Salary Expected _____ Hr _____ Year _____ Month How Did You Hear of Opening? _____
 Full Time Part Time - If Part Time: Hours You Can Work - Mon-Fri _____ Sat/Sun _____
 HAVE YOU WORKED WITH US BEFORE? NO YES - If Yes, Explain Listing Previous
 Job/Title/Location and Length of Service _____
 WHAT WAS YOUR REASON FOR LEAVING? _____
 LIST ANY FRIENDS AND/OR RELATIVES WORKING WITH US NOW _____

 DATE OF BIRTH _____ VALID DRIVERS LICENSE # _____

ANSWER IN THIS SECTION ONLY IF BOX BESIDE QUESTION IS "X"

ARE YOU OVER 21? YES NO (If NO, Hire is Subject to Minimum Legal Age Verification)
 SEX: Male Female Height: _____ ft _____ in. Weight: _____ lbs.
 MARITAL STATUS: Single Married Separated Divorced Widowed
 Number of Years Married _____ No. of Dependents _____
 HAVE YOU EVER BEEN BONDED? NO YES - WHEN _____
 HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS (Including Traffic Violations) NO Yes - Explain _____
 DO YOU HAVE ANY PHYSICAL HANDICAPS PREVENTING YOU FROM DOING CERTAIN TYPES OF WORK? NO YES - Explain _____
 HAVE YOU HAD ANY SERIOUS ILLNESS IN THE PAST 5 YEARS? NO YES - Explain _____

EDUCATION

NAME AND LOCATION OF SCHOOL	CIRCLE LAST GRADE FINISHED	GRADUATED	MAJOR/DEGREE	GRADE POINT AVERAGE
	1 2 3 4 5 6	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	6 7 8 9	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	13 14 15 16	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> Masters <input type="checkbox"/> Doctor <input type="checkbox"/> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT HISTORY

LIST IN REVERSE ORDER BEGINNING WITH PRESENT EMPLOYER (1) Company Name (2) Address		(3) City, State & Zip (4) Contact & Phone No		PRESENT/PREVIOUS EMPLOYEE DATA				
				POSITION JOB/TITLE	DATES FROM TO		SALARY BEGINNING ENDING	
1								
2								
3								
4	<input type="checkbox"/>							
1								
2								
3								
4	<input type="checkbox"/>							
1								
2								
3								
4	<input type="checkbox"/>							
1								
2								
3								
4	<input type="checkbox"/>							
1								
2								
3								
4	<input type="checkbox"/>							

REFERENCES

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE AS A REFERENCE —
 X CHECK IF YES LEAVE BLANK IF NO.

BRANCH	RANK	DUTIES	SALARY		REASON FOR CHANGE IN RANK
			BEGINNING	ENDING	

LIST ANY SPECIAL SCHOOLS OR SKILLS ACQUIRED IN SERVICE _____
