

PERSONAL INFORMATION

DATE _____

NAME

SOCIAL SECURITY
NUMBER

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

PERMANENT ADDRESS

STREET

CITY

STATE

PHONE NUMBER

REFERRED
BY

EMPLOYMENT DESIRED

POSITION DESIRED

DATE YOU
CAN STARTSALARY
DESIRED

ARE YOU CURRENTLY EMPLOYED?

IF SO, MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER EDUCATION				

*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

U S MILITARY OR
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

WERE YOU EVER INJURED?

GIVE DETAILS:

HAVE YOU ANY DEFECTS IN HEARING?

IN VISION?

IN SPEECH?

IN CASE OF EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE NUMBER

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
/ TO /				
/ TO /				
/ TO /				
/ TO /				

REFERENCES: LIST THREE UNRELATED PERSONS WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN

IN A FEW WORDS, PLEASE LET US KNOW HOW WE WOULD BENEFIT HAVING YOU AS AN EMPLOYEE? _____

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 DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED ANY TIME WITHOUT PREVIOUS NOTICE.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DO NOT WRITE BELOW THIS LINE _____ DATE _____

REMARKS: _____

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED _____ FOR DEPT. _____ POSITION _____ WILL REPORT _____ SALARY/WAGES _____

APPROVED: 1. _____ 2. _____ 3. _____

EMPLOYMENT MANAGER _____ DEPARTMENT HEAD _____ GENERAL MANAGER _____

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE CASES OF AN APPLICANTS SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES. SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOTWITHSTANDING THESE EFFORTS, THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.