



NAME	ADDRESS	BUSINESS	YEARS ACQUANTED
1			
2			
3			

**PHYSICAL RECORD:** DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?  YES  NO

**PLEASE DESCRIBE:**

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**IN CASE OF EMERGENCY NOTIFY:**

NAME

ADDRESS

PHONE #

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, 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 PRIOR NOTICE."

DATE

SIGNATURE

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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

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HIRED  YES  NO

POSITION

DEPT.

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SALARY/WAGE

DATE REPORTING TO WORK

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APPROVED: 1.

2

3

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

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This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.