

APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION:

DATE: _____

NAME: _____

LAST FIRST MIDDLE

ADDRESS: _____
 NO. STREET CITY STATE ZIP

PHONE NO.: _____ EMAIL ADDRESS: _____

ARE YOU 18 YEARS OR OLDER? YES ☐ NO ☐

EMPLOYMENT DESIRED:

POSITION	DATE YOU CAN START	SALARY DESIRED
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ARE YOU EMPLOYED NOW: _____ IF SO, MAY WE INQUIRE OF
YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

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

EMPLOYMENT HISTORY: (List below present and past employment, beginning with your most recent)

MONTH/ YEAR	NAME AND ADDRESS	SALARY	POSITION	REASON FOR LEAVING	NAME OF SUPERVISOR
FROM	telephone				
TO					
FROM	telephone				
TO					
FROM	telephone				
TO					
FROM	telephone				
TO					

REFERENCES: (Give the names of at three persons not related to you who have known you at least one year)

NAME & OCCUPATION	ADDRESS	TELEPHONE NUMBER	YEARS ACQUANTED
1			
2			
3			

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

EDUCATION	NAME & ADDRESS OF SCHOOL	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL		1	2	3	4		
COLLEGE		1	2	3	4		
OTHER (SPECIFY..... TRADE, ETC.)		1	2	3	4		

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: _____

**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

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE

HIRED: YES ☐ NO ☐

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2

GENERAL MANAGER

DEPARTMENT HEAD

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