

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION				
NAME			DRIVER LICENSE #	
			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS				
TELEPHONE NO. ()			ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN BONDED IN PRIOR EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS:				
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYMENT DESIRED				
POSITION			DATE YOU CAN START	
ARE YOU EMPLOYED NOW?			IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?			IF SO, WHERE? WHEN?	
REFERRED BY: <input type="checkbox"/> OUR AD <input type="checkbox"/> EMP AGCY <input type="checkbox"/> FRIEND/RELATIVE <input type="checkbox"/> NO ONE <input type="checkbox"/> OTHER:				
FORMER EMPLOYERS (LIST MOST RECENT FIRST)				
NAME	ADDRESS PHONE NUMBER	PERIOD TO FROM	POSITION	REASON FOR LEAVING
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
MARK BOX NEXT TO EMPLOYER'S NAME INDICATING THOSE YOU DO NOT WISH US TO CONTACT				
GENERAL				
SPECIAL SKILLS:				
ACTIVITIES (CIVIC, ATHLETIC, ETC.):				
U.S. MILITARY SERVICE		RANK	PRESENT MEMBERSHIP IN NATIONAL GUARDS OR RESERVES YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

REFERENCES: THREE PERSONS NOT RELATED TO YOU AND NO FORMER EMPLOYERS PLEASE

NAME	ADDRESS PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FOR EMPLOYMENT IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, ANY FALSE STATEMENTS WILL BE CONSIDERED AS CAUSE FOR POSSIBLE DISMISSAL. YOU ARE HEREBY AUTHORIZED TO CONDUCT ANY INVESTIGATION OF MY PERSONAL HISTORY AND/OR CREDIT AND FINANCIAL RECORDS EMPLOYING INVESTIGATIVE OR CREDIT AGENCIES OR BUREAUS OF YOUR CHOICE SUBJECT TO THE PROVISIONS OF THE FAIR CREDIT REPORTING ACT. I UNDERSTAND THAT, WITHIN A REASONABLE PERIOD, I MAY MAKE A WRITTEN REQUEST FOR DETAILED INFORMATION CONCERNING SUCH INVESTIGATION.

DATE _____ SIGNATURE OF APPLICANT _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

NEATNESS _____ ABILITY _____

HIRED YES NO _____ POSITION _____ COMPLEX _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED 1 2 3

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER