

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DRIVER LICENSE #			
SOCIAL SECURITY NUMBER			
NAME			
LAST	FIRST	MIDDLE	
PRESENT ADDRESS			
STREET	CITY	STATE	ZIP
TELEPHONE NO. ()		ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAVE YOU EVER BEEN BONDED IN PRIOR EMPLOYMENT? YES <input type="checkbox"/> IF YES, GIVE DETAILS:			
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION(S)? YES <input type="checkbox"/> NO <input type="checkbox"/>			

LAST

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: OUR AD <input type="checkbox"/> EMP AGCY <input type="checkbox"/> FRIEND/RELATIVE <input type="checkbox"/> NO ONE <input type="checkbox"/> OTHER: <input type="checkbox"/>	

FIRST

FORMER EMPLOYERS (LIST MOST RECENT FIRST)

NAME	ADDRESS PHONE NUMBER	PERIOD		POSITION	REASON FOR LEAVING
		TO	FROM		
<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"/>
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CANNON MANAGEMENT

(CONTINUED ON OTHER SIDE)

APPLICATION (REVISED 01/18)

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