



# APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS

FEDERAL AND STATE LAW REQUIRES THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE OR NATIONAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPAL OF EQUAL EMPLOYMENT OPPORTUNITY AND WILL FULFILL OUR OBLIGATION TO THE FULLEST.

**PERSONAL DATA**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ HOW LONG AT ABOVE ADDRESS? \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

Salary Expected \_\_\_\_\_ Hr \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ How Did You Hear of Opening? \_\_\_\_\_

Full Time  Part Time - If Part Time: Hours You Can Work - Mon-Fri \_\_\_\_\_ Sat-Sun \_\_\_\_\_

HAVE YOU WORKED FOR US BEFORE?  NO  YES - If Yes, Explain Listing Previous Job /Title / Location and Length Of Service \_\_\_\_\_

WHAT WAS YOUR REASON FOR LEAVING? \_\_\_\_\_

LIST ANY FRIENDS AND/OR RELATIVES WORKING WITH US NOW \_\_\_\_\_

DO YOU SPEAK ANY FOREIGN LANGUAGES FLUENTLY?  NO  YES - Please List \_\_\_\_\_

**ANSWER IN THIS SECTION ONLY IF BOX BESIDE QUESTION IS "X"**

- ARE YOU OVER 21?  YES  NO (If NO, Hire is Subject to Minimum Legal Age Verification )
- SEX:  Male  Female  Height: \_\_\_\_\_ ft \_\_\_\_\_ in  Weight: \_\_\_\_\_ lbs
- MARITAL STATUS:  Single  Married  Separated  Divorced  Widowed
- HAVE YOU EVER BEEN BONDED?  NO  YES - WHEN \_\_\_\_\_
- HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS (Including Traffic Violations)  NO  YES - Explain \_\_\_\_\_
- DO YOU HAVE ANY PHYSICAL HANDICAPS PREVENTING YOU FROM DOING CERTAIN TYPES OF WORK?  NO  YES - Explain \_\_\_\_\_
- HAVE YOU HAD ANY SERIOUS ILLNESS IN THE PAST 5 YEARS?  NO  YES - Explain \_\_\_\_\_

**EDUCATION**

NAME AND LOCATION OF SCHOOL	CIRCLE LAST GRADE FINISHED	GRADUATED	MAJOR/ DEGREE	GRADE POINT AVERAGE
	9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	13 14 15 16	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> Masters <input type="checkbox"/> Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		

# EMPLOYMENT HISTORY

LIST IN REVERSE ORDER BEGINNING WITH PRESENT EMPLOYER (1) Company Name (2) Address		PRESENT/PREVIOUS EMPLOYEE DATA			
		POSITION JOB/TITLE	DATES FROM TO	SALARY BEGINNING END	REASON FOR LEAVING
1					
2					
3					
4					
1					
2					
3					
4					
1					
2					
3					
4					
1					
2					
3					
4					

### REFERENCES

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE AS A REFERENCE --  
 X CHECK IF YES  LEAVE BLANK IF NO

# MILITARY SERVICE

BRANCH	RANK	DUTIES	SALARY		REASON FOR CHANGE IN RANK
			BEGINNING	ENDING	

LIST ANY SPECIAL SCHOOLS OR SKILLS ACQUIRED INSERVICE \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_