



APPLICATION FOR EMPLOYMENT

Date _____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, non-job related handicap or disability or veteran status.

PERSONAL BACKGROUND			Driver's License Number _____
Name: _____			Social Security Number _____
Last	First	Middle	
Present Address _____			
Street	City	State	Zip Code
Permanent Address _____			
Street	City	State	Zip Code
Phone No. () _____		Email Address: _____	
Cell Phone No. () _____		Referred by: _____	

Position Applying For: _____	Date you can start: _____	Salary Desired: _____
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where? _____	When? _____
Are you willing to work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to work non-standard shifts? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
U.S. Military or Naval Service _____		Rank _____
If under 18 years of age, do you have a work permit?		Yes <input type="checkbox"/> No <input type="checkbox"/>
After employment, can you submit verification of your legal right to work in the U.S.?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony? (A conviction record will not necessarily be a bar to employment.)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please explain: _____		

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	GRADUATED	MAJOR AREA OF STUDY
HIGH SCHOOL	_____	9 10 11 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	_____			_____
COLLEGE	_____	13 14 15 16	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	_____			_____
TRADE BUSINESS OR GRADUATE SCHOOL	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	_____			_____
SPECIALIZED TECHNICAL SKILLS (i.e. COMPUTER PROGRAMMER/LANGUAGE, EQUIPMENT OPERATION, SPECIAL TOOLS OR MACHINES USED)				

PHYSICAL RECORD

Do you have any handicap or disability which would substantially interfere with your ability to perform the essential duties of the job for which you have applied? If yes, what can be done to accommodate your limitations?

WORK EXPERIENCE*(List below last four employers, starting with your present or last place of employment.)*

Date Mo/Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					

Describe Duties:

May we contact? Yes No

Date Mo/Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					

Describe Duties:

May we contact? Yes No

Date Mo/Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					

Describe Duties:

May we contact? Yes No

Date Mo/Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					

Describe Duties:

May we contact? Yes No **REFERENCES:**

Give the names of three persons not related to you, whom you have known at least three years.

Name & Occupation	Address	Telephone	Yrs Known
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1.

2.

3.

APPLICANT'S STATEMENT

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct investigations of my civil and criminal background. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Applicant's Signature

Date