



APPLICATION FOR EMPLOYMENT

Personal	Last Name	First Name	Middle	Date
	Street Address			Home Phone ()
	City, State, Zip			Business Phone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year: Location:			Social Security Number
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Other special training or skills (languages, machine operations, ect)			

Education	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade /Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin)	

EMPLOYMENT

Please give accurate, complete full-time and part time employment record. Start with your present or most recent employer.

We may contact the employers listed below unless you indicate those you do not want us to contact.

1	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
May we contact this reference: <input type="checkbox"/> Yes <input type="checkbox"/> No If no please state reason:		

2	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
May we contact this reference: <input type="checkbox"/> Yes <input type="checkbox"/> No If no please state reason:		

3	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
May we contact this reference: <input type="checkbox"/> Yes <input type="checkbox"/> No If no please state reason:		

4	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
May we contact this reference: <input type="checkbox"/> Yes <input type="checkbox"/> No If no please state reason:		

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what Branch?

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, and sexual preference.

<input type="checkbox"/>	Provide dates you attended school:	Elementary From: To:	<input type="checkbox"/> Number of Dependents, Including yourself?
	High School From: To:	College From: To:	<input type="checkbox"/> Are you a Vietnam Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other (give name and dates)		<input type="checkbox"/> Sex Male Female
<input type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Date of Marriage
			<input type="checkbox"/> Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	What was your previous address?		<input type="checkbox"/> How long at present address?
			<input type="checkbox"/> How long at previous address?
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?		<input type="checkbox"/> Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age.
<input type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.		
<input type="checkbox"/>	State names of relatives and friends working with us, other than your spouse.		
<input type="checkbox"/>			
<input type="checkbox"/>			

SIGNATURE

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

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.

_____ Date

_____ Signature

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

TEST RESULTS	Tests Administered	Raw Score	Rating	Analysis and Comments

INTERVIEW RESULTS	Interviewer Name and Comments