Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

Date: Social Security #

Name

Last First Middle

Present Address

Street City State Zip

Permanent Address

Street City State Zip

Phone No.

Referred By:

Are you 18 years of age or older? ☐ Yes ☐ No

EMPLOYMENT DESIRED

Position: Date You Can Start Salary Desired

Are You Employed Now? ☐ Yes ☐ No If So May We Inquire of Your Present Employer ☐ Yes ☐ No

Ever Applied to this Company Before? ☐ Yes ☐ No

Where? When?

Hours/Shifts Available to Work

EDUCATION	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School				
High School		1 2 3 4	☐ Yes ☐ No	
College		1 2 3 4	☐ Yes ☐ No	
Trade Business or Correspondence School		1 2 3 4	☐ Yes ☐ No	

GENERAL

Subjects of Special Study or Research

Job Related Skills (typing, driver's license, etc.)

Activities Other than Religious
(Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving	Phone Number
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted	Phone Number

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without case and without any previous notice.

Date: Signature

In Case of
Emergency Notify:

Name

Address Phone No.

DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY

Interviewed By: Date:

REMARKS:

INS Form I-9 completed? ☐ Yes ☐ No

Hired	For Dept.	Position	Will Report	Salary Wages
Approved:				
	Employment Manager	Dept. Head	General Manager	