

Application for employment

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

PERSONAL INFORMATION

Name		Date	Social Security Number	
Present Address		Street	City	State Zip
Permanent Address		Street	City	State Zip
Phone No.		Street	City	State Zip
State Name and Department of Any Relatives, Other Than Spouse, Already Employed By This Company				
Referred By				

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are You Employed Now?	If So May We Inquire of Your Present Employer	
Ever Applied to this Company Before?	Where	When

EDUCATION

Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Typing Skills: wpm

Subjects of Special Study or Research Work

What Foreign Languages Do You Speak Fluently?

Read Write

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

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

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES: Give Below the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year.

Name	Address	Business	Years Acquainted
1			
2			
3			

PHYSICAL RECORD: Do you have any physical condition which may limit your ability to perform the job applied for?

In Case of
Emergency Notify

I understand that illegal drugs and alcohol are prohibited while on the job. I also understand that prescription drugs can only be taken after notifying my employer. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for 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 any previous notice.

Date

Signature

DO NOT WRITE BELOW THIS LINE

Interviewed By

Date

REMARKS:

Neatness		Character	
Personality		Ability	

Hired	For Dept.	Position	Will Report	Salary Wages
Approved: 1.		2.	3.	
	Employment Manager	Dept. Head	General Manager	