

EMPLOYMENT APPLICATION

PERSONAL

Last name	First	Middle	Date
Street Address			Home Phone
City, State, ZIP			Business Phone
Have you ever applied for employment with us? (If so, list month, year and location)			Social Security No.
Position Desired			Pay Expected
Apart from absence or religious observance, are you available for full-time work? (If not, list hours you can work)			Will you work overtime if asked?.
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 operation, etc.)			

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE					
HIGH					
ELEMENTARY					
OTHER					

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 and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____	_____
Date	Signature

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

EMPLOYMENT

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

Company Name

Telephone

Address

Dates Employed (Month and Year)

Name of Supervisor

Weekly Pay (Starting and Last)

Job Title and Description of Work

Reason for Leaving

Company Name

Telephone

Address

Dates Employed (Month and Year)

Name of Supervisor

Weekly Pay (Starting and Last)

Job Title and Description of Work

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Company Name

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Reason for Leaving

Company Name

Telephone

Address

Dates Employed (Month and Year)

Name of Supervisor

Weekly Pay (Starting and Last)

Job Title and Description of Work

Reason for Leaving

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

DO NOT CONTACT

Employer name(s):

Reason: