

APPLICATION FOR EMPLOYMENT

PLEASE PRINT PLAINLY

An Equal Opportunity Employer – Male/Female

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

PERSONAL

Social Security No. _____ Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Telephone Number _____

Position(s) Applied for _____ Rate of expected pay \$ _____

Applying for: Full Time _____ Part Time _____

Specify days and hours if Part Time _____

Were you previously employed by the organization? When? _____

List any friends or relatives working here, other than spouse _____

If your application is considered favorably, on what date will you be available for working?

Are there any other work experiences, skills, or qualifications that you feel would especially fit you for work here. Please add any additional comments you feel are important for us to consider.

For Jobs with minimum age requirements: Date of

Birth _____

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

For Driving Jobs Only: Do you have a valid driver's license? Yes _____ No _____

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended/revoked in the last 3 years? Yes _____ No _____

U.S. Citizen.....Yes _____ No _____

If no, do you have a valid work permit? Yes _____ No _____

Have you ever been convicted of a felony?..... Yes _____ No _____

If yes, please explain _____

Have you previously applied here? Yes _____ No _____

If yes, when? _____

Have you worked for any firm under a different name?..... Yes _____ No _____

If yes, give name _____

Do you have any physical conditions that would limit your performance of the job for which you are applying? If yes, please explain. _____

Would you take a physical examination, if required? Yes _____ No _____

WORK HISTORY

Beginning with the most recent, list below all past employers, including any pertinent military experience

Name of Company

Business Address

Phone Number

Date Employed From To

Type of Business

Immediate Supervisor

Exact Job Title

Earnings at Hire At Termination

Reason For Leaving: _____

Description of duties: _____

Name of Company

Business Address

Phone Number

Date Employed From To

Type of Business

Immediate Supervisor

Exact Job Title

Earnings at Hire At Termination

Reason For Leaving: _____

Description of duties: _____

Name of Company

Business Address

Phone Number

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Business Address

Phone Number

Date Employed From To

Type of Business

Immediate Supervisor

Exact Job Title

Earnings at Hire At Termination

Reason For Leaving: _____

Description of duties: _____

Personal References
(Not Former Employers or relatives)

Name and Occupation	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership In Professional Or Civic Organizations
(Do not include racial, religious, or nationality groups)

Name or Description of Organization	From	To	Offices Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education Record

Name of School	Years Completed	Degree Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you type?..... Yes_____ No_____ WPM_____

Office machines/computers you know how to operate_____

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of

falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time: and with or without cause, the employer's only obligation being to pay salary or wages due and owing at the time of termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.

Signature

Date