

APPLICATION FOR EMPLOYMENT

DATE _____

S.S. # _____

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70. TITLE I employment provisions of the AMERICANS WITH DISABILITIES ACT of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures.

PERSONAL INFORMATION

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE UNITED STATES? YES NO. ARE YOU 18 YEARS OR OLDER? YES NO

POSITION APPLIED FOR _____ REFERRED BY _____

EVER APPLIED TO THIS COMPANY BEFORE? YES NO. IF YES, WHEN? _____

WOULD YOU PREFER TO WORK FULL TIME PART TIME TEMPORARY DATE AVAILABLE _____

ARE YOU EMPLOYED NOW? YES NO. SALARY DESIRED _____ PHONE: _____

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE EMPLOYMENT? YES NO.

MAY WE CONTACT THE EMPLOYERS LISTED BELOW? YES NO. IF NOT, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT. _____

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING, MACHINE OPERATIONS, HOBBIES, LANGUAGES, ETC.

U.S. ARMED FORCES YES NO. IF YES, BRANCH _____ RANK AT DISCHARGE _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? YES NO. IF YES, PLEASE EXPLAIN:

(CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FOR EMPLOYMENT)

IN CASE OF EMERGENCY, NOTIFY: _____
(NAME)

(ADDRESS) (PHONE)

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
GRAMMAR SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	

LAST

FIRST

MIDDLE

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

1	EMPLOYER	DATES EMPLOYED		DUTIES
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
	JOB TITLE	SUPERVISOR	STARTING	FINAL
REASON FOR LEAVING				
2	EMPLOYER	DATES EMPLOYED		DUTIES
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
	JOB TITLE	SUPERVISOR	STARTING	FINAL
REASON FOR LEAVING				
3	EMPLOYER	DATES EMPLOYED		DUTIES
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
	JOB TITLE	SUPERVISOR	STARTING	FINAL
REASON FOR LEAVING				

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME AND ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED
NAME			
STREET ADDRESS	CITY	STATE	ZIP
NAME			
STREET ADDRESS	CITY	STATE	ZIP
NAME			
STREET ADDRESS	CITY	STATE	ZIP

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.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS:

HIRED YES NO POSITION: _____ DATE REPORTING FOR WORK: _____ SALARY WAGES: _____

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

THIS EMPLOYMENT APPLICATION FORM WAS DESIGNED TO COMPLY WITH FEDERAL AND STATE EMPLOYMENT LAWS GOVERNING DISCRIMINATION IN EMPLOYMENT. THIS APPLICATION FORM IS MADE FOR GENERAL USE AND DISTRIBUTION IN THE UNITED STATES, AND THE MANUFACTURER CANNOT ASSUME RESPONSIBILITY FOR THE INCLUSION IN THIS FORM OF ANY QUESTIONS BY THE EMPLOYER WHICH MAY BE AT VARIANCE WITH APPLICABLE LOCAL, STATE OR FEDERAL LAWS.