

APPLICATION FOR EMPLOYMENT



Personal Information -----			DATE:	
NAME (LAST NAME FIRST)			SOCIAL SECURITY #	
PRESENT ADDRESS		CITY	STATE	ZIP
PHONE NUMBER	SECONDARY PHONE NUMBER		REFERRED BY	

EMPLOYMENT DESIRED -----				
POSITION	DATE YOU CAN START	PART OR FULL TIME	SALARY DESIRED	
ARE YOU EMPLOYED NOW?	IF SO, MAY WE CONTACT YOUR EMPLOYER?		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?		

EDUCATION HISTORY -----				
	NAME OF SCHOOL	YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
COLLEGE				

GENERAL INFORMATION -----				
SUBJECT OF SPECIAL STUDY/RESEARCH WORK				
SPECIAL TRAINING				
SPECIAL SKILLS				
U.S. MILITARY OR NAVAL FORCES				RANK

FORMER EMPLOYERS (STARTING WITH LAST ONE FIRST) -----				
DATE (MONTH AND YEAR)	NAME 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) -----

NAME	PHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION -----

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the application shall be grounds for dismissal.
 I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result in such information.
 I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative
 This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."
 "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the application shall be grounds for dismissal.
 I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result in such information.
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 This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE	SIGNATURE
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DO NOT WRITE BELOW THIS LINE -----

DATE	INTERVIEWED BY
NEATNESS	ABILITY
PERSONALITY	CHARACTER
RATING	RATING SCALE: 1-10 (10 HIGH)
REMARKS	

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NEATNESS	ABILITY
PERSONALITY	CHARACTER
RATING	RATING SCALE: 1-10 (10 HIGH)
REMARKS	