



Application for Employment

An Equal Opportunity Employer

PERSONAL INFORMATION

DATE _____

NAME _____

Last

First

Middle

PRESENT ADDRESS _____

Street

City

Zip

PHONE NO. _____ E-MAIL _____

ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

WHERE? _____

REFERRED BY

EDUCATION	NAME & LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC ATHLETIC ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS. _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD RESERVES _____

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

(CONTINUED ON OTHER SIDE)

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

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM _____ TO _____			
FROM _____ TO _____			
FROM _____ TO _____			
FROM _____ TO _____			

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

Provide Three References: Not Former Employers or Family Members - Who We May Contact

Name	Relationship to Person	Length of Time Known	Phone Number
1			
2			
3			

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PERSIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOS OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING"

DATE _____ **SIGNATURE** _____

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

HIRED: YES NO POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____

EMPLOYMENT MANAGER DEPT HEAD GENERAL MANAGER