



PERSONAL INFORMATION: DATE: _____ SOCIAL SECURITY #: _____

NAME: _____
 LAST FIRST MIDDLE

PRESENT ADDRESS: _____
 STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
 STREET CITY STATE ZIP

PHONE: _____
 HOME CELL

REFERRED BY: _____ ARE YOU 18 YEARS OF AGE OR OLDER?: ____ (YES) ____ (NO)

EMPLOYMENT DESIRED:

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED? ____ YES ____ (NO) IF SO, MAY WE CONTACT YOUR EMPLOYER?: ____ (YES) ____ (NO)

AVAILABILITY: PLEASE LIST DAYS OF THE WEEK AND HOURS YOU ARE AVAILABLE BELOW:

EVER APPLIED TO THIS COMPANY BEFORE?: ____ (YES) ____ (NO) IF YES, WHERE? _____ WHEN? _____

EDUCATION:	NAME & LOCATION OF SCHOOL	LAST YEAR COMPLETED	GRADUATE?	DEGREE?
GRAMMAR			YES NO	
HIGH SCHOOL		1 2 3 4	YES NO	
COLLEGE		1 2 3 4	YES NO	
TRADE, BUSINESS, CORRESPONDENCE		1 2 3 4	YES NO	

GENERAL:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

JOB RELATED SKILLS (TYPING, DRIVER'S LICENSE, ETC.): _____

CONTINUED ON BACK...

CONTINUED...

ACTIVITIES, OTHER THAN RELIGIOUS (CIVIC, ATHLETIC, ETC.):

(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.)

FORMER EMPLOYERS: PLEASE LIST YOUR LAST FOUR (4) EMPLOYERS, STARTING WITH THE MOST RECENT

Date Month & Year	Name & Address of Employer	Salary (upon leaving)	Position	Reason left?
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES: LIST BELOW THREE (3) PERSONS NOT RELATED TO YOU, KNOWN TO YOU FOR AT LEAST ONE (1) YEAR:

Name	Phone	Relation	Years Acquainted

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested 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 without any previous notice.

Date _____ Signature _____

In Case of
Emergency Notify: _____ Phone: _____ Alt. Phone: _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Interviewed by: _____ Date: _____

REMARKS: _____

INS Form I-9 completed? () YES () NO

Hired: _____ For Dept: _____ Position: _____ Will Report: _____ Wages: _____

Approved: : 1) _____ 2) _____ 3) _____

Employment Mgr: _____ Dept. Head: _____ General Mgr: _____