APPLICATION FOR EMPLOYMENT



WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN

EMPLOYMENT ON BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION OR NATIONAL ORIGIN; OR PHYSICAL HANDICAF (PLEASE PRINT) PERSONAL INFORMATION DATE NAME LAST **FIRST MIDDLE** PRESENT ADDRESS STREET CITY STATE ZIP PERMANENT ADDRESS STREET CITY STATE ZIP PHONE NO. DATE OF BIRTH: EMAIL: **EMPLOYMENT DESIRED** DATE YOU SALARY **POSITION CAN START DESIRED** ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? EVER APPLIED TO THIS COMPANY BEFORE? YES NO DATE **YEARS EDUCATION** NAME AND LOCATION OF SCHOOL GRADUATED SUBJECT STUDIED **ATTENDED GRAMMAR SCHOOL HIGH SCHOOL COLLEGE** TRADE, BUSINESS OR CORRESPONDENCE SCHOOL

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK

PRESENT MEMBERSHIP IN US MILITARY OR NAVAL SERVICE **RANK** NATIONAL GUARD OR RESERVES **ACTIVITIES OTHER THAN RELIGIOUS** (CIVIC, ATHLETIC, FRATERNAL, ETC.)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, WITH LAST ONE FIRST) DATE MONTH SALARY **POSITION REASON FOR LEAVING** NAME AND ADDRESS OF EMPLOYER AND YEAR FROM TO FROM ТО FROM TO FROM TO REFERENCES: GIVE BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. NAME **ADDRESS BUSINESS** YEARS ACQUAINTED I hereby authorize and request any and all of my former employers and any other person, firm, or corporation to furnish any and all information concerning my credit-worthiness and personal background and I hereby release each such employer or other person, firm or corporation from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, a consumer report and/or an investigative consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends or associates or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of of any such report. I understand that, upon my request, I have the right to know if any such report was requested and, if so, the name and address of the consumer reporting agency that furnished such report and in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if I request such disclosure within a reasonable period of time. I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal: and 2) my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice. **AVAILABILITY** Monday Tuesday Wednesday Thursday Friday Saturday Sunday PM AM PM AM ΡМ PM AM РМ Circle all that apply AM PMAM AM PM AM DATE: SIGNATURE OF APPLICANT: FOR OFFICE USE ONLY **INTERVIEWED BY** DATE **REMARKS NEATNESS** CHARACTER PERSONALITY ABILITY WILL SALARY **REPORT** HIRED FOR DEPT. **POSITION** WAGES APPROVED:1 **EMPLOYMENT MANAGER** DEPT. HEAD GENERAL MANAGER IN CASE OF **EMERGENCY NOTIFY** NAME **ADDRESS** PHONE NO.