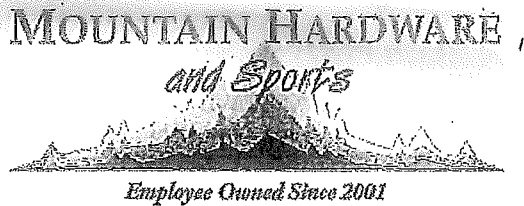


# APPLICATION FOR EMPLOYMENT



**PERSONAL INFORMATION:**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER: ( ) \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

STATE NAME AND RELATIONSHIP TO ANY RELATIVES IN OUR BUSINESS: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

**EMPLOYMENT DESIRED:**

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ MAY WE CONTACT YOUR EMPLOYER? \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

**EDUCATION:**

| SCHOOL          | NAME AND LOCATION | GRADUATED |    | MAJOR SUBJECTS | GPA |
|-----------------|-------------------|-----------|----|----------------|-----|
|                 |                   | YES       | NO |                |     |
| GRAMMAR SCHOOL  |                   |           |    |                |     |
| HIGH SCHOOL     |                   |           |    |                |     |
| COLLEGE         |                   |           |    |                |     |
| OTHER (SPECIFY) |                   |           |    |                |     |

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

SPECIAL TRAINING: \_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_  
(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.)

**FORMER EMPLOYERS:** LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

| DATE, MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY    | POSITION | REASON FOR LEAVING |
|----------------------|------------------------------|-----------|----------|--------------------|
| FROM<br>TO           |                              | \$<br>PER |          |                    |
| FROM<br>TO           |                              | \$<br>PER |          |                    |
| FROM<br>TO           |                              | \$<br>PER |          |                    |
| FROM<br>TO           |                              | \$<br>PER |          |                    |

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

| NAME | PHONE NUMBER | BUSINESS | YEARS ACQUAINTED |
|------|--------------|----------|------------------|
|      |              |          |                  |
|      |              |          |                  |
|      |              |          |                  |

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ NAME \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

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 WITHOUT ANY PREVIOUS NOTICE.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_