



APPLICATION FOR EMPLOYMENT

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal Law also prohibits discrimination on the basis of age, with respect to individuals over the age of 40 and on the basis of any mental or physical handicap.

PLEASE PRINT

FULL LEGAL NAME _____ DATE _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

PHONE _____ ALTERNATE PHONE _____
(AREA CODE) (AREA CODE)

SOCIAL SECURITY NO. _____

EMPLOYMENT

Position Sought _____ Date available to start _____

Are you currently employed? YES / NO Salary desired \$ _____ (per hour, week, year?)

Have you ever applied to this company before? YES / NO If yes, when? _____

Are you at least 16 years old? YES / NO 18 years old? YES / NO

Are you currently an active member of any military group? YES / NO

EDUCATION

Name	Address	No. of Years	Diploma/Degree
High School			
College			
Other			

FORMER EMPLOYERS

List all past employment, stating the reason for any periods of unemployment, begin with your present or most recent employment

Company _____ Phone _____
Address _____
Type of Business _____ Position Held _____
Starting Salary _____ Ending Salary _____
Employed _____ to _____ Describe Duties _____
Reason For Leaving _____
May We Contact This Employer? YES / NO Supervisor _____

Company _____ Phone _____
Address _____
Type of Business _____ Position Held _____
Starting Salary _____ Ending Salary _____
Employed _____ to _____ Describe Duties _____
Reason For Leaving _____
May We Contact This Employer? YES / NO Supervisor _____

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Address _____
Type of Business _____ Position Held _____
Starting Salary _____ Ending Salary _____
Employed _____ to _____ Describe Duties _____
Reason For Leaving _____
May We Contact This Employer? YES / NO Supervisor _____

REFERENCES

Give below the name of three persons not related to you, whom you have known for at least one year.

Name	Address	Business	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

APPLICATION STATEMENT

THIS APPLICATION STATEMENT SHALL CONSTITUTE A PART OF ANY EMPLOYMENT APPLICATION I MAY SUBMIT TO THE COMPANY. I UNDERSTAND THAT I WILL BE SUBJECT TO DISMISSAL IF ANYTHING IN THE APPLICATION IS FOUND TO BE FALSE IN ANY PARTICULAR. I understand that nothing contained in the employment application or in the granting of the

of any benefit. No promises regarding employment have been made to me. I understand that if I am employed by the Company, my employment will be for no fixed term, and that I may be terminated by the Company without prior notice at any time for any reason. The understanding cannot be changed except in writing by an authorized Company official.

Date _____ Signature of Applicant _____

If any of the information listed on the application is found to be falsified, automatic termination will result.