

Application for employment General



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

Date			
Name		Social Security No.	Phone
Present Address (Street, City, State, Zip)		Driver's License No.	State Issued
Check age category, if applicable <input type="checkbox"/> under 18 <input type="checkbox"/> over 70		Are You A Citizen of the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMERGENCY OR ALTERNATE CONTACT

Name	Address	Phone

WHO REFERRED YOU FOR EMPLOYMENT?

<input type="checkbox"/> Unsolicited	<input type="checkbox"/> Private Placement Agency (Please Specify)	<input type="checkbox"/> College Placement Service (Please Specify)
<input type="checkbox"/> State Employment Office	<input type="checkbox"/> Reply to Advertisement (Please Specify)	<input type="checkbox"/> Personal Contact (Please Specify)
Have You Ever Worked for This Company Before? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, Where
Dates Worked	Reason for Leaving	
Names of Relatives in Company Employ		
Have You Ever Been Convicted of a Felony that is related to the Job for Which You are Applying? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Please list all education/training (high school, college, U.S. military, etc.) relevant to the position for which you are applying

	FULL NAME AND LOCATION	DATES		GRADUATED		MAJOR SUBJECTS	DEGREE
		From	To	Month	Year		
High School							
College							
Other							
College Class Standing or Grade Point Average							

WORK HISTORY (Include U.S. Military Service as an Employer)

Name of PRESENT or LAST Employer				Address		Phone	
STARTING DATE		LEAVING DATE		Starting Pay	Final Pay	Reason for Leaving	
Month	Year	Month	Year				
Job Title (Present or Last)			Name of Supervisor		Supervisor's Title		May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Description of Work and Responsibilities							

Name of NEXT PREVIOUS Employer				Address		Phone	
STARTING DATE		LEAVING DATE		Starting Pay	Final Pay	Reason for Leaving	
Month	Year	Month	Year				
Job Title (Present or Last)			Name of Supervisor		Supervisor's Title		May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Description of Work and Responsibilities							

Name of NEXT PREVIOUS Employer				Address		Phone	
STARTING DATE		LEAVING DATE		Starting Pay	Final Pay	Reason for Leaving	
Month	Year	Month	Year				
Job Title (Present or Last)			Name of Supervisor		Supervisor's Title		May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Description of Work and Responsibilities							

Are you willing to submit to a physical examination?

YES NO

Do you have any physical handicaps or limitations that will preclude you from performing the job for which you are applying?

YES NO

List three references who are not relatives or former employers:

Name	Address	Phone	Occupation	Years Known

For what position(s) are you applying?

Are there any experiences, skills, or qualifications which you feel would especially fit you for work?
(Including operation of office machines)?

Do you hold any special licenses or certificates? (i.e. Chauffer's license, CPA, etc.)

YES NO

Describe

Shorthand _____ WPM

Typing _____ WPM

How much time are you willing to spend away from home if the position in which you are employed requires travel?

Are you willing to transfer?

YES NO

To determine my qualifications for employment, I authorize this company/corporation to conduct an investigation of my application. I understand that any false or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application, or if employed by this company/corporation in the termination of employment.

Signature _____