

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

Name (Last name First)			Social Security Number - -
Present address	City	State	Zip code
Permanent address	City	State	Zip code
Phone number	Alternate phone number	E-mail address	

EMPLOYMENT DESIRED

Position	Date you can start	Salary desired
Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When	What department

EDUCATION HISTORY

	Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

GENERAL INFORMATION

Subjects of Special Study/Research Work or Special Training/Skills	
U. S. Military or Naval Service	Rank

REFERENCES

Name	Address & Phone Number	Business	Years Known

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FORMER EMPLOYERS (List below four employers, starting with last one first)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____ Signature _____

Interviewed by _____ Date _____

----- DO NOT WRITE BELOW THIS LINE -----

REMARKS

Neatness		Character	
Personality		Ability	
Hired	Department	Will Report to	Salary/Wages

Approved: 1) _____ 2) _____ 3) _____
 Employment Manager Department Head General Manager