

APPLICATION FOR EMPLOYMENT

FEDERAL LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN, AS WELL AS DISCRIMINATION ON THE BASIS OF AGE AGAINST PERSONS BETWEEN THE AGE OF 40 AND 65 INCLUSIVE. FEDERAL REGULATIONS ALSO PROHIBIT GOVERNMENT CONTRACTORS FROM DISCRIMINATION ON THE BASIS OF DISABILITY. SOME STATE AND CITY LEGISLATION PROHIBITS DISCRIMINATION BECAUSE OF AGE, HANDICAP, MARITAL STATUS, SEXUAL PREFERENCE, RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. CONSULT COMPETENT COUNSEL FOR FURTHER INTERPRETATION.

PLEASE PRINT CLEARLY

Date _____

PERSONAL

First name _____ Middle _____ Last _____

Street and number _____ Social Security No. _____

City/State _____ Zip _____ Telephone No. _____

How many addresses have you had in the last 5 years? _____

How did you find out about this job? Newspaper Referral Other

Driver License # _____ State Issued _____ Expiration Date _____

If hired, do you have a reliable means of transportation to get to work? Yes No Do you Smoke? Yes No

Salary desired _____ Least acceptable salary _____

Are you a U.S. citizen? Yes No If no, do you have the legal right to work in the U.S. (i.e., green card?) Yes No

Are you at least 16 years old? Yes No

EMPLOYMENT DATA

Are you seeking Temporary Full time Part time

What position(s) are you applying for? _____

What hours and shift(s) would you prefer to work? _____

Please indicate any shift(s) you would not be available to work: _____

Are you willing to work overtime? Yes No Weekends? Yes No

Experience, special skills, or training: _____

Are you currently employed? Yes No When would you be able to start? _____

Have you ever worked for this organization before? Yes No Name used _____

List any friends or relatives employed by this company _____

Are you on layoff and subject to recall? Yes No

Have you ever been discharged or asked to resign from any position? Yes No

If Yes, please describe _____

How many days have you missed from school or work within the last 12 months? _____ Been Late _____

How many days of work have you missed in the last three years for other than sickness? _____

Please describe _____

EDUCATION

Please circle highest level attained

Elementary 1 2 3 4 5 6 7 8 High School 9 10 11 12

Name and City: _____

College 1 2 3 4 5 6

Name and City: _____

Degree & Major: _____

If currently in high school, are you enrolled in a recognized co-op program: (such as D.E., C.V.A., V.O.E.) Yes No

If yes, identify program and school: _____

MILITARY SERVICE

Are you a veteran? Yes No If yes, give dates of service: From _____ to _____

Special skills or training: _____

WORK HISTORY

Please list your last 4 employers. Begin with the most recent employer.

1. Company	Address	Phone	From Mo. Yr	To Mo. Yr
Job Title	Give specific reason for leaving	Supervisor's name and title		
Describe duties briefly:		Starting Salary:	Ending Salary:	
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Job Title	Give specific reason for leaving	Supervisor's name and title		
Describe duties briefly:		Starting Salary:	Ending Salary:	

May we contact the employers listed above? Yes No If not, tell us which one(s) you do not wish us to contact and why.

How many jobs have you had in the last 10 years that are not listed above? _____

Why are you seeking a new position at this time? _____

What is the job you have enjoyed most and why? _____

List any outside interests including organizations you're active in that are business related: _____

Bonding and money handling security policies require that we ask if you have ever been convicted of a felony Yes No
On parole Yes No or awaiting trial Yes No

If yes, state the nature of the offense and disposition of the case. Include dates and places: NOTE: Felony convictions or the existence of a criminal record does not constitute an automatic bar to employment: _____

I authorize this company to make an investigation of all information contained in this application for employment, and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial or employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company to request a copy of my credit report from the Credit Bureau, a copy of my motor vehicle driving record, if applicable. I hereby agree to submit to such physical examination(s) as may be required and any drug test(s) that may be requested of me, whether prior to my employment or, if employed by this company, at any time thereafter. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition, I hereby authorize the limited release and exchange of medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an applicaiton for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time. I have read and understand the above.

Applicant's Signature _____ Date _____

CHECK OVER THE FOREGOING APPLICATION, BE SURE IT IS COMPLETE AND SIGNED, AND RETURN IT TO INTERVIEWER