



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
	STREET ADDRESS			HOME TELEPHONE
	CITY, STATE, ZIP			BUSINESS TELEPHONE
	HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES; MONTH AND YEAR			SOCIAL SECURITY #
	POSITION DESIRED			PAY EXPECTED
	APART FROM ABSENCE FOR RELIGIOUS OBSERVANCE, ARE YOU AVAILABLE FOR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT HOURS CAN YOU WORK?			WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?			WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?
	OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC.)			

	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
E D U C A T I O N	GRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	BUSINESS / TRADE / TECHNICAL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	ELEMENTARY				<input type="checkbox"/> YES <input type="checkbox"/> NO	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION, OR NATIONAL ORIGIN)

EMPLOYMENT

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER

1	COMPANY NAME	TELEPHONE
	ADDRESS	DATES EMPLOYED (MONTH AND YEAR) FROM TO
	NAME OF SUPERVISOR	WEEKLY PAY START END
	JOB TITLE AND DESCRIBE DUTIES	REASON FOR LEAVING

2	COMPANY NAME	TELEPHONE
	ADDRESS	DATES EMPLOYED (MONTH AND YEAR) FROM TO
	NAME OF SUPERVISOR	WEEKLY PAY START END
	JOB TITLE AND DESCRIBE DUTIES	REASON FOR LEAVING

3	COMPANY NAME	TELEPHONE
	ADDRESS	DATES EMPLOYED (MONTH AND YEAR) FROM TO
	NAME OF SUPERVISOR	WEEKLY PAY START END
	JOB TITLE AND DESCRIBE DUTIES	REASON FOR LEAVING

4	COMPANY NAME	TELEPHONE
	ADDRESS	DATES EMPLOYED (MONTH AND YEAR) FROM TO
	NAME OF SUPERVISOR	WEEKLY PAY START END
	JOB TITLE AND DESCRIBE DUTIES	REASON FOR LEAVING

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WISH US TO CONTACT.	DO NOT CONTACT	
	EMPLOYER NUMBER(S)	REASON

MILITARY	DID YOU SERVE IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, IN WHAT BRANCH?
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DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.

IF THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, THE INFORMATION REQUESTED IS NEEDED FOR A LEGALLY PERMISSIBLE REASON, INCLUDING, WITHOUT LIMITATION, NATIONAL SECURITY CONSIDERATIONS, A LEGITIMATE OCCUPATIONAL QUALIFICATION OR BUSINESS NECESSITY. THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. FEDERAL LAW ALSO PROHIBITS DISCRIMINATIONS BASED ON AGE, CITIZENSHIP AND DISABILITY. THE LAWS OF MOST STATES ALSO PROHIBIT SOME OR ALL OF THE ABOVE TYPES OF DISCRIMINATIONS AS WELL AS SOME ADDITIONAL TYPES SUCH AS DISCRIMINATION BASED UPON ANCESTRY, MARITAL STATUS AND SEXUAL PREFERENCE.

<input checked="" type="checkbox"/>	PROVIDE DATES YOU ATTENDED SCHOOL:	ELEMENTARY	<input checked="" type="checkbox"/>	NUMBER OF DEPENDANTS, INCLUDING YOURSELF
		FROM	TO	
<input checked="" type="checkbox"/>	HIGH SCHOOL	COLLEGE	<input checked="" type="checkbox"/>	ARE YOU A VIETNAM VETERAN?
	FROM	TO	FROM	TO
<input checked="" type="checkbox"/>	OTHER (GIVE NAME AND DATES)		<input checked="" type="checkbox"/>	SEX
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input checked="" type="checkbox"/>	MARITAL STATUS		<input checked="" type="checkbox"/>	DATE OF MARRIAGE
	<input type="checkbox"/> SINGLE	<input type="checkbox"/> ENGAGED	<input type="checkbox"/> MARRIED	
<input checked="" type="checkbox"/>	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	ARE YOU A U.S. CITIZEN?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/>	WHAT WAS YOUR PREVIOUS ADDRESS?		<input checked="" type="checkbox"/>	HOW LONG AT PRESENT ADDRESS?
				YEARS
<input checked="" type="checkbox"/>	HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/>	HOW LONG AT PREVIOUS ADDRESS?
	IF YES, WITH WHAT EMPLOYER (S)?			YEARS
<input checked="" type="checkbox"/>	HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT?			<input checked="" type="checkbox"/>
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, DESCRIBE IN FULL.	ARE YOU OVER 18 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/>	STATE NAMES OF RELATIVES AND FRIENDS WORKING FOR US, OTHER THAN YOUR SPOUSE.			<input checked="" type="checkbox"/>
				IF NOT, EMPLOYMENT IS SUBJECT TO VERIFICATION OF AGE.

S I G N A T U R E	THE INFORMATION PROVIDED IN THE APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE. IF YOU EMPLOY ME, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL
	I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT CREATES NO OBLIGATION UPON YOU, THE EMPLOYER, TO CONTINUE TO EMPLOY ME IN THE FUTURE.

	DATE SIGNATURE