

# APPLICATION FOR EMPLOYMENT

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

<b>P E R S O N A L</b>	Last Name		First	Middle	Date
	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 _____ Location _____				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.)				

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	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.

<b>1</b>	Company Name	Telephone (      )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for leaving
	_____	

<b>2</b>	Company Name	Telephone (      )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for leaving
	_____	

<b>3</b>	Company Name	Telephone (      )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for leaving
	_____	

<b>4</b>	Company Name	Telephone (      )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for leaving
	_____	

We may contact the employers listed above unless you indicate those you do not want us to contact.

## DO NOT CONTACT

Employer Number(s) \_\_\_\_\_ Reason \_\_\_\_\_  
\_\_\_\_\_

# MILITARY

Did you serve in the  
U.S. Armed Forces?

☐ Yes    ☐ No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_