

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
	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.)				

E D U C A T I O N	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 <i>(Exclude those which may disclose your race, color, religion or national origin)</i>

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

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 discrimination based on **age** and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

<input checked="" type="checkbox"/>	Provide dates you attended school: Elementary From _____ To _____	<input checked="" type="checkbox"/>	Number of dependents, including yourself _____
<input checked="" type="checkbox"/>	High School From _____ To _____	<input checked="" type="checkbox"/>	Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	College From _____ To _____	<input checked="" type="checkbox"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<input checked="" type="checkbox"/>	Other (give name and dates) _____	<input checked="" type="checkbox"/>	Date of Marriage _____
<input checked="" type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input checked="" type="checkbox"/>	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 If "Yes," with what employers? _____	<input checked="" type="checkbox"/>	How long at previous address? _____ Years
<input checked="" type="checkbox"/>	Have you 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 type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full. _____	<input checked="" type="checkbox"/>	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age.
<input type="checkbox"/>	State names of relatives and friends working for us, other than your spouse. _____		
<input checked="" type="checkbox"/>	Have you received Worker's Compensation or Disability Income payments. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe. _____		
<input checked="" type="checkbox"/>	Have you physical defects which preclude you from performing certain jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe limitation. _____		
<input checked="" type="checkbox"/>	Do you have any physical condition which might limit your ability to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe this condition and how you can perform the job in spite of it. _____		
<input checked="" type="checkbox"/>	Have you had a major illness in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please describe. _____		
<input type="checkbox"/>			

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The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature

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	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	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

3	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

4	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
	Describe any training received relevant to the position for which you are applying. _____ _____	