

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date:

Name
Last First Middle Initial Social Security No.

Present Address Telephone No.
Street

City State Zip

Permanent Address Telephone No.
(if different from Present Address)
Street

City State Zip

Positions(s) applied for Rate of pay expected \$

Would you work Full-Time Yes No Part-Time Yes No Specify Days and hours if part time

List Volunteer or Community Service Positions (work) which you feel are related to the position for which you are applying:

Briefly state any special skills or qualifications you have which you feel are related to the position for which you are applying.

Were you previously employed by us? Yes No If yes, when?

List any friends working for us
Name Relationship
Name Relationship

Have you ever been convicted of a crime? Yes No (Note: Conviction of a criminal offense will not necessarily preclude your employment)
If yes, describe in full:

If your application is considered favorably, on what date will you be available for work?

Person to be notified in case of accident or emergency

Name Relationship

Address Telephone Number

City State Zip

RECORD OF EDUCATION

School	Name and Address of School	Course of Study or Major Field	Years Attended		Check Last Year Completed				Did You Graduate	List Diploma or Degree
			From	To	5	6	7	8		
Middle									Yes No	
High School									Yes No	
College									Yes No	
Other									Yes No	

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes No If yes, which branch?

Dates of Duty: From / / To / / Rank at Discharge
 Month Day Year Month Day Year

List duties in the service including special training

PERSONAL REFERENCES (Do Not Include Relatives or Former Employees)

Name and Occupation	Address	Phone Number
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EMPLOYMENT RECORD

(List All Present and Past Positions, Beginning with Most Recent)

Name and Address of Company And Type of Business	From Mo. Yr. To Mo. Yr.	Directions in detail the work you did	Weekly Starting Salary	Weekly Ending Salary	Name of Supervisor
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Have you ever been bonded? Yes No If yes, on what jobs?

May we contact the employers above? Yes No If not, indicate by number which one(s) you do not want us to contact

This institution does not discriminate in hiring or in any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physician examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employees.

Signature of Applicant

Date