

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE: ( ) \_\_\_\_\_

IF RELATED TO ANYONE IN OUR COMPANY  
 STATE NAME AND DEPARTMENT ( INCLUDE NAME OF SPOUSE)

\_\_\_\_\_  
NAME DEPARTMENT REFERRED BY

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE CONTACT YOUR EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 40 years of age or older.

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____		
HIGH SCHOOL	_____		
COLLEGE	_____		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	_____		

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_

ACTIVITIES, CIVIC, ATHLETIC, ETC. \_\_\_\_\_

Exclude organizations, the name of which indicates the race, creed, sex, marital status, age, color or national origin of its members

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES:** (LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			
IN CASE OF EMERGENCY NOTIFY:			

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MIS-REPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISAPPROVAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

REMARKS:

NEATNESS				
ABILITY				
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES
APPROVED:	1.	2.	3.	

Employment Manager

Department Head

General Manager