

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY, WE ARE DEDICATED TO A POLICY OF NONDISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, OR NATIONAL ORIGIN; OR PHYSICAL HANDICAP.

(PLEASE PRINT)

PERSONAL INFORMATION

				DATE
NAME				
	LAST	FIRST	MIDDLE	
PRESENT ADDRESS				
	STREET	CITY	STATE	ZIP
PERMANENT ADDRESS				
	STREET	CITY	STATE	ZIP
PHONE NO.		SOCIAL SECURITY NUMBER		
*DATE OF BIRTH		*SEX: MALE FEMALE		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
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ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO DATE:

*FOR FRINGE BENEFIT PURPOSE ONLY.

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER				

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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ACTIVITIES OTHER THAN RELIGIOUS (CIVIC, ATHLETIC, FRATERNAL, ETC.)

EXCLUDE ORGANIZATIONS, TITLE, NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, OR NATIONAL ORIGIN OF ITS MEMBERS

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: GIVE BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

I hereby authorize and request any and all of my former employers and any other person, firm or corporation to furnish any and all information concerning my credit-worthiness and personal background and I hereby release each such employer or other person, firm or corporation from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, a consumer report and / or an investigative consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends or associates or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of any such report. I understand that, upon my request, I have the right to know if any such report was requested and, if so, the name and address of the consumer reporting agency that furnished such report and in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of information requested if I request such disclosure within a reasonable period of time.

I understand that if employed: 1.) any misrepresentation or omission of facts requested in this application is cause for dismissal; and 2.) my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

DATE _____ SIGNATURE OF APPLICANT _____

FOR OFFICE USE ONLY

INTERVIEWED BY	DATE	REMARKS
NEATNESS		CHARACTER
PERSONALITY		ABILITY

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES
APPROVED: 1.		2.	3.	
	EMPLOYMENT MANAGER	DEPART. HEAD	GENERAL MANAGER	

IN CASE OF EMERGENCY NOTIFY	NAME	ADDRESS	PHONE NO.