

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

To Applicant:

We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

PERSONAL

Date: _____

Name _____
Last First Middle

Social Security No.: _____

Present Address _____

Telephone No.: _____

Are you legally eligible for employment in the U.S.A.? _____ State age if under 18 _____

What method of transportation will you use to get to work? _____

Position(s) applied for _____ Rate of pay expected \$ _____ per week

Would you work Full-Time _____ Part-Time _____ Specify days and hours if part-time _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____ 19__

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization?

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?.....yes ___no

If yes, please provide date(s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as the date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number _____ State _____ Class _____ Endorsements _____ CDL _____yes ___no

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
ELEMENTARY		X	5 6 7 8	<input type="checkbox"/> YES <input type="checkbox"/> NO	X
HIGH			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (Specify)			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character and general reputation. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature of Applicant

List below all present and past employment, beginning with your most recent.

I

Name and Address of Company and Type of Business	From (Mo./ Yr.)	To (Mo./ Yr.)	Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
_____ Telephone:							

II

Name and Address of Company and Type of Business	From (Mo./ Yr.)	To (Mo./ Yr.)	Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
_____ Telephone:							

III

Name and Address of Company and Type of Business	From (Mo./ Yr.)	To (Mo./ Yr.)	Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
_____ Telephone:							

IV

Name and Address of Company and Type of Business	From (Mo./ Yr.)	To (Mo./ Yr.)	Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
_____ Telephone:							

May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact: _____

PERSONAL REFERENCES

(Not Former Employees or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

MILITARY SERVICE RECORD

Were you in the United States Armed Forces? Yes _____ No _____ If yes, what Branch? _____

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

List duties in the service including special training: _____

Have you taken any training under the G.I. Bill of Rights? _____ If yes, what training did you take? _____

APPLICANT -- DO NOT WRITE ON THIS PAGE

For Interviewer's Use

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

POSITION NUMBER	RESULTS OF REFERENCE CHECK	POSITION NUMBER	RESULTS OF REFERENCE CHECK
I		IV	
II			
III			