

# APPLICATION FOR EMPLOYMENT

Name (Last Name First) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_  
City Street State Zip

How long have you lived at this address? \_\_\_\_\_ Telephone \_\_\_\_\_

Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches Weight \_\_\_\_\_ Lbs Citizen of U.S.  Yes  No 18 or Older?  Yes  No

Any serious illness? \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Other \_\_\_\_\_ Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

What kind of work are you applying for? \_\_\_\_\_

What special qualifications do you have? \_\_\_\_\_

What office machines can you operate? \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

## MILITARY SERVICE RECORD

Armed Forces Service  Yes  No From \_\_\_\_\_ To \_\_\_\_\_

Branch of Service \_\_\_\_\_ Duties \_\_\_\_\_

Rank or Rating at time of enlistment \_\_\_\_\_ Rating at time of discharge \_\_\_\_\_

Any disability? \_\_\_\_\_

## EDUCATION

SCHOOL	DATE FROM TO	NAME OF SCHOOL	CITY	COURSE	DID YOU GRADUATE
GRAMMAR					
HIGH					
COLLEGE					
OTHER					

## EXPERIENCE

BEGIN WITH LATEST EXPERIENCE FIRST

NAME AND ADDRESS OF COMPANY	DATE FROM TO	LIST OF DUTIES	STARTING SALARY	FINAL SALARY	REASON FOR LEAVING

## BUSINESS REFERENCES

DO NOT INCLUDE TEACHERS, MINISTERS OR DOCTORS

NAME	ADDRESS	TELEPHONE	OCCUPATION

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. 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 \_\_\_\_\_

THIS FORM IS INTENDED TO COMPLY WITH STATE AND FEDERAL EMPLOYMENT PRACTICES LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF SEX, MINORITY STATUS, OR AGE. QUESTIONS REFLECTING SUCH HAVE BEEN INCLUDED ONLY TO DETERMINE BONAFIDE OCCUPATIONAL QUALIFICATIONS.