

FOR OFFICE USE ONLY

Dept. _____
Occupation _____
Occ. No. _____
Rate _____



FOR OFFICE USE ONLY

Application Filed _____
Application Accepted _____
Clock No. _____

Application for Employment

Date _____

Social Security A/C NO. _____

Name in Full _____

Present Address _____ Phone _____

City _____ State _____ Zip _____

Kind of work desired _____ Wages Expected _____

Previously employed here? _____ From _____ to _____ Dept. _____

Have you any relatives or friends in our employ? Name _____ Relationship _____
Name _____ Relationship _____

In case of accident, notify _____ Phone _____

Address _____ City _____

State _____

EDUCATION	Name and Location	Graduate? - Degree?	Major/Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc.			
Other Education			

Please list your areas of highest proficiency and special skills or items that may contribute to your abilities in performing the above mentioned position.

NOTE: IT IS UNDERSTOOD THAT FALSE STATEMENTS ON THIS APPLICATION MAY BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

The use of the blank does not indicate there are any positions open and does not in any way obligate this Company.

Witness _____ Sign Here _____

Signature of Applicant

Continue on other side _____

FORMER EMPLOYERS: LIST BELOW ALL PREVIOUS EMPLOYERS starting with your most recent employment first. If you are now working, present employer and reason for desire to quit must be included. Also give reason for lapse of time where a period of termination of one place of employment does not fit into the next place of employment.

Name and Address of Company	Name of Supervisor	Kind of Work	Wages per hour	Started	Left	Reason

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact _____

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? _____ If yes, describe such condition _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses? _____

If yes, describe in full _____

Additional Remarks: _____

Have you ever served in the Armed Forces of the United States? _____ Date of Discharge _____

State Rank and Branch of Service _____

Are you now employed? _____ Where? _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW (Yes or No) _____ Date _____ Hour _____

Result of Interview _____

Acceptable for Employment? _____ Starting Rate _____ Starting Date _____ Shift _____

Interviewed by: _____ Employed by _____

_____ Approved by _____