



# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

NAME			DATE _____
LAST	FIRST	MIDDLE.	SOCIAL SECURITY NUMBER
PRESENT ADDRESS			
STREET		CITY	STATE
PERMANENT ADDRESS			
STREET		CITY	STATE
PHONE NO	REFERRED BY		

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

## EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE SCHOOL				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

THE AGE DISCRIMINATION EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK			
WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?		READ	WRITE
U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	

## GENERAL

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PROCEEDING A QUESTION THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- HEIGHT \_\_\_\_\_ FEET \_\_\_\_\_ INCHES
- WEIGHT \_\_\_\_\_ LBS
- \_\_\_\_\_
- CITIZEN OF THE U.S. \_\_\_\_\_ YES \_\_\_\_\_ NO
- DATE OF BIRTH \_\_\_\_\_

THE AGE DISCRIMINATION EMPLOYMENT ACT OF 1987 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

**PHYSICAL RECORD**

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

WERE YOU EVER INJURED?  
GIVE DETAILS?

DO YOU HAVE DEFECTS OF HEARING?

IN VISION?

IN SPEECH?

DO YOU HAVE DEFECTS NOT OF HEARING?

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

**FORMER EMPLOYERS**

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE 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 THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	BUSINESS	YEARS KNOWN
1				
2				
3				

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

INTERVIEWED BY

DATE

DO NOT WRITE BELOW THIS LINE

**REMARKS**

NEATNESS

CHARACTER

PERSONALITY

ABILITY

HIRED

FOR DEPT

POSITION

WILL REPORT

SALARY  
WAGES

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANTS SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES. SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION NOTWITHSTANDING THESE EFFORTS. THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.