– EMPLOYER'S USE –		
DEPARTMENT		
STARTING DATE	PAY	

APPLICATION FOR EMPLOYMENT

(PLEASE ANSWER ALL QUESTIONS)

– EMPLOYER'S USE –
BRANCH LOCATION
POSITION

NOTICE: Applicant should read the following information carefully before filling out any of the questions in this form. Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color sex, religion, or national origin. It is also illegal to discriminate in employment of persons because of their age if over 40 but less than 70 years of age.

WE ARE EQUAL OPPORTUNITY EMPLOYER

DATE						SOCIAL SECURITY NO.
NAME - PRINT IN FULL	(LAST	FIRST	MIDDLE)		HOME PHONE	BUSINESS PHONE
PRESENT	(NUMBER)	(STREET)	(CITY)	(STATE)	(ZIP CODE)	HOW LONG HAVE YOU LIVED THERE?
PREVIOUS ADDRESS	(NUMBER)	(STREET)	(CITY)	(STATE)	(ZIP CODE)	HOW LONG DID YOU LIVE THERE?

GENERAL INFORMATION

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

If yes, please explain _____

Have you had any recent or past illness or operations which might hinder your ability to perform the duties of the job for which you have applied? _____

If yes, please explain _____

Do you have any hobby(s) that has a direct bearing on the job you are seeking? _____

If yes, please explain _____

Referred by:

Have you ever belonged to a club, organization, society, or professional group which has a direct bearing upon your qualifications for the job for which you are applying? _____

If yes, describe _____

List names of any friends or relatives now employed by this company _____

EDUCATION

NAME OF SCHOOL OR COLLEGE	WHERE LOCATED	CIRCLE LAST YEAR COMPLETED	GRADUATE YES	GRADUATE NO
HIGH SCHOOL		9 10 11 12		
COLLEGE OR UNIVERSITY		1 2 3 4	DEGREE	
BUSINESS, TECHNICAL, OR OTHER TRAINING				

ARE YOU CURRENTLY STUDYING?	WHAT	WHERE	DO YOU PLAN TO RETURN TO SCHOOL?
☐ YES ☐ NO			☐ YES ☐ NO

EMPLOYMENT DESIRED

POSITION APPLYING?	WHEN CAN YOU REPORT FOR WORK?	STARTING SALARY EXPECTED?
EVER APPLY TO THIS COMPANY BEFORE? ☐ YES ☐ NO	WHEN?	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO PAST EMPLOYERS? ☐ YES ☐ NO

(APPLICANT TO ANSWER ONLY IF APPLYING AS A DRIVER OR VEHICLE OPERATOR)

Check the Types of Vehicle You Are Qualified, Through Experience, To Operate:

□ Passenger Car □ Light Truck □ Heavy Truck or Tractor, Other _____

Driver's License No. _____ State _____ Expires _____ Ever Suspended or Revoked? _____

Do You Operate an Automobile? □ Yes □ No. If Yes, Give Make and Year _____

Do You Have Auto Insurance? □ Yes □ No. Has it Ever Been Canceled or Renewal Refused? □ Yes □ No

How Many Convictions for Moving Violations Within Past 3 Years? _____

(CONTINUE ON REVERSE SIDE)

CHECK KINDS OF WORK IN WHICH YOU HAVE HAD EXPERIENCE

	ACCOUNTING		FILING		DIESEL MECHANIC
	BOOKKEEPING		PAYROLL		STOCK WORK
	CASHIER		OIL CHANGE		TELEPHONE
	COLLECTIONS		PURCHASING		SALES
	DATA PROCESSING		MECHANIC		

FORMER EMPLOYERS

GIVE INFORMATION REGARDING ALL PREVIOUS EMPLOYMENT - INCLUDING MILITARY SERVICE

EMPLOY-MENT	NAME & ADDRESS OF CO.	DATES FROM	DATES TO	JOB AND DUTIES (BRIEF EXPLANATION)	NAME & PHONE NO. OF SUPERVISOR	MONTHLY SALARY	REASON FOR LEAVING
PRESENT OR LAST	1	MO/YR	MO/YR				
NEXT PREVIOUS	2.						
NEXT PREVIOUS	3.						
NEXT PREVIOUS	4.						
U.S. MILITARY	BRANCH			HIGHEST RANK	DUTY SPECIALTY		

REFERENCES

(GIVE THE NAMES AND ADDRESSES OF THREE PERSONS WHO KNOW YOU WELL AND WHOM WE MAY REFER - NO RELATIVES)

NAME	ADDRESS	PHONE NO.	YEARS ACQUAINTED	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.

I HEREBY AUTHORIZE THE COMPANY TO CONDUCT AN INVESTIGATIVE CONSUMER REPORT ON ME, AS DEFINED IN PUBLIC LAW 91-508, AND I UNDER STAND THAT SUCH REPORT MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT IF ANY INQUIRY IS MADE, MORE INFORMATION AS TO ITS NATURE AND SCOPE WILL BE SUPPLIED UPON WRITTEN REQUEST. IF THIS APPLICATION IS CONSIDERED FAVORABLY, I AGREE TO ABIDE BY AND COMPLY WITH ALL THE RULES OF THIS ORGANIZATION.

DATE | SIGNATURE

IN YOUR OPINION, WHAT IS YOUR BEST QUALITY? _____

IN YOUR OPINION, WHAT IS YOUR MOST UNFAVORABLE QUALITY? _____

(DO NOT WRITE BELOW THIS LINE)

DATE	INTERVIEWED BY	POSITION CONSIDERED

COMMENTS

	DEPARTMENT	JOB CLASSIFICATION	DATE PLACED ON PAYROLL	MONTHLY SALARY