

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We will not use as a basis for employment decisions any information regarding race, color, sex, religion, age, national origin, marital status, public assistance disability, or disability.

NAME IN FULL				<i>(FIRST)</i>	<i>(MIDDLE INITIAL)</i>	<i>(LAST)</i>	
PRESENT ADDRESS		<i>(STREET)</i>	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
U.S. CITIZEN	WHAT TYPE OF VISA?		WHAT PROMPTED THIS APPLICATION?				
<input type="checkbox"/> Yes <input type="checkbox"/> No →			<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> Other _____				

### EMPLOYMENT INTERESTS

TYPE OF WORK DESIRED	WILL YOU RELOCATE?	DATE AVAILABLE	DO YOU HAVE A CURRENT DRIVERS LICENSE?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

### EDUCATION

NAME AND LOCATION	DATES		TYPE OF DEGREE	MAJOR SUBJECT	AVERAGE GRADE			
	FROM	TO			A	B	C	D
HIGH SCHOOL								
COLLEGE(S)								
VOCATIONAL, TRADE OR OTHER SCHOOLS ATTENDED								
SCHOLASTIC HONORS, SCHOLARSHIPS, ASSISTANTSHIPS, ETC.								
LICENSES, CERTIFICATES, PUBLICATIONS, INVENTIONS OR PATENTS								

### HEALTH

Describe any health condition(s) that would prevent you from doing certain kinds of work or interfere with job performance for the applied position. (Employment is contingent on meeting minimal health requirements established for the position.)

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### MILITARY

BRANCH OF SERVICE	DATE ENTERED	DATE OF DISCHARGE
RANK AT DISCHARGE	MAJOR DUTIES	
SPECIAL RECOGNITION OR ACHIEVEMENTS		

### REFERENCES

LIST THREE REFERENCES WHO ARE NOT RELATIVES OR PREVIOUS SUPERVISORS			MAY WE CONTACT REFERENCES?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	ADDRESS	OCCUPATION	YEARS KNOWN
	PHONE #		
NAME	ADDRESS	OCCUPATION	YEARS KNOWN
	PHONE #		
NAME	ADDRESS	OCCUPATION	YEARS KNOWN
	PHONE #		

**EMPLOYMENT HISTORY (GIVE LAST OR PRESENT POSITION FIRST)**

COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS (STARTING)	DATE	SALARY	
EMPLOYED AS (AT TERMINATION)	DATE	SALARY	
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR			TELEPHONE NUMBER
COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS (STARTING)	DATE	SALARY	
EMPLOYED AS (AT TERMINATION)	DATE	SALARY	
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR			TELEPHONE NUMBER
COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS (STARTING)	DATE	SALARY	
EMPLOYED AS (AT TERMINATION)	DATE	SALARY	
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR			TELEPHONE NUMBER

**IN CASE OF EMERGENCY NOTIFY:**

NAME			TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE

**UNDERSTANDING**

I understand that if I am employed my employment will be conditional and not for any definite or guaranteed period of time. I realize that my signature will be your authorization to research statements that I have made in this application.

Furthermore, it is understood and agreed that any misrepresentation by me in this application could be cause for cancellation of the application and/or for separation from the Company's service if I have been employed.

I further agree to wear and maintain such personal protective equipment as may be provided by the company; for instance, hard hat, safety belt, etc., and to return same to the company on termination of my employment.

SIGNATURE	DATE
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