

EMPLOYMENT APPLICATION

WHAT IS YOUR NAME?	Last	First	Middle Initial	TODAY'S DATE
PLEASE GIVE US YOUR PRESENT ADDRESS ** Include Street	City	State	Zip Code	Number of Years
PLEASE GIVE US ADDRESS OF LAST RESIDENCE				Number of Years
TELEPHONE NUMBERS WHERE WE CAN REACH YOU	Date Available	Social Security Number		
If under 21 or over 65 please give date of birth		If under 18 do you have a valid work permit? _____ Yes _____ No		
IN CASE OF EMERGENCY, WHO SHOULD BE NOTIFIED - Name and Address				
			Home phone ()	
			Office phone ()	

WHAT TYPE OF WORK DO YOU DESIRE? _____

FRIENDS OR RELATIVES EMPLOYED BY US? WHAT ARE THEIR NAMES? _____

HOW OR FROM WHOM DID YOU LEARN ABOUT THIS JOB? _____ HAVE YOU EVER APPLIED FOR EMPLOYMENT OR WORKED FOR ANY DIVISION? _____

ARE YOU SEEKING FULL OR PART-TIME WORK? _____ LIST ANY HOURS/DAYS YOU ARE NOT REGULARLY AVAILABLE TO WORK: _____

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED				GRADUATE		DIPLOMA/ DEGREE	GRADE AVG.	MAJOR FIELD(S)
		From		To		No	Yes			
		Mo.	Yr.	Mo.	Yr.					
High School							0-11	12		
Technical Trade or Other (Incl. Mil.)							13	14		
College or University							BA/BS	MA/MS		

All of our employees are bonded at company expense. Have you ever been bonded? _____ Yes _____ No Refused bond? _____ Yes _____ No

Have you ever been sued or garnished for non-payment of bills? _____ Yes _____ No Explain: _____

How much time have you lost from work or school in the last year due to illness? _____

Do you have any physical handicaps or limitations which might interfere with or be aggravated by your work? Explain: _____

Have you ever been convicted of a crime within the last 7 years? (A conviction will not necessarily bar you from employment)
If yes, when, where and disposition of case? _____

Where is your spouse employed? _____ How long? _____

What were your dates of U.S. Military service? What type of discharge were you given? (Optional) _____

Are you drawing a service disability allowance? _____ Yes _____ No
If yes, explain: _____

Have you been involved in an auto accident(s) in the past five (5) years?
Yes _____ No _____ If yes, explain: _____

COMPLETE ONLY IF HIRED	DO NOT WRITE HERE. FOR HIRING MANAGER'S USE
<p>Job Title _____</p> <p>Pay Rate _____ per _____ Empl. Date _____</p> <p>Race W <input type="checkbox"/> 1 B <input type="checkbox"/> 2 AA <input type="checkbox"/> 3 AI <input type="checkbox"/> 4 H <input type="checkbox"/> 5</p> <p>Complete payroll information and reference checks and retain in personnel records file. Submit withholding statement and payroll data to payroll office.</p> <p>Hiring Manager _____ Date _____</p>	<p>COMPLETE IF NOT HIRED</p> <p>If not hiring, give brief summary of reason (e.g. no openings, lacks required skills/education, etc.) and check appropriate applicant codes. Retain in applicant file.</p>

EMPLOYMENT HISTORY

WHAT IS THE NAME AND ADDRESS OF YOUR PRESENT (OR MOST RECENT) EMPLOYER?		TYPE OF BUSINESS OR SERVICE
		TELEPHONE ()
WHAT IS OR WAS YOUR IMMEDIATE SUPERVISOR'S NAME?	TITLE?	WHEN MAY WE CONTACT?
WHEN DID YOU START WITH THIS ORGANIZATION? RATE OF PAY?	WHEN DID YOU LEAVE THIS ORGANIZATION? RATE OF PAY?	

JOB TITLE AND RESPONSIBILITIES?

WHAT DID YOU LIKE MOST ABOUT YOUR JOB?

WHAT DID YOU LIKE LEAST?

WHY ARE YOU CONSIDERING LEAVING (OR WHY DID YOU LEAVE) THIS ORGANIZATION?

WHAT IS THE NAME AND ADDRESS OF YOUR NEXT MOST RECENT EMPLOYER?		TYPE OF BUSINESS OR SERVICE
		TELEPHONE ()
WHAT WAS YOUR IMMEDIATE SUPERVISOR'S NAME?	TITLE?	MAY WE CONTACT?
WHEN DID YOU START WITH THIS ORGANIZATION? RATE OF PAY?	WHEN DID YOU LEAVE THIS ORGANIZATION? RATE OF PAY?	

JOB TITLE AND RESPONSIBILITIES?

WHAT DID YOU LIKE MOST ABOUT YOUR JOB?

WHAT DID YOU LIKE LEAST?

WHY DID YOU LEAVE THIS ORGANIZATION?

WHAT IS THE NAME AND ADDRESS OF YOUR NEXT MOST RECENT EMPLOYER?		TYPE OF BUSINESS OR SERVICE
		TELEPHONE ()
WHAT WAS YOUR IMMEDIATE SUPERVISOR'S NAME?	TITLE?	MAY WE CONTACT?
WHEN DID YOU START WITH THIS ORGANIZATION? RATE OF PAY?	WHEN DID YOU LEAVE THIS ORGANIZATION? RATE OF PAY?	

JOB TITLE AND RESPONSIBILITIES?

WHAT DID YOU LIKE MOST ABOUT YOUR JOB?

WHAT DID YOU LIKE LEAST?

WHY DID YOU LEAVE THIS ORGANIZATION?

IF YOU HAVE WORKED FOR OVER 3 YEARS IN ANY ORGANIZATION NOT DESCRIBED ABOVE USE ANOTHER APPLICATION OR AN ATTACHED SHEET TO GIVE THIS INFORMATION.

TO AID IN OUR CHECKING REFERENCES PLEASE INDICATE OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED:

DESCRIBE PARTICULAR SKILLS YOU HAVE OR ANY ADDITIONAL INFORMATION TO HELP US UNDERSTAND YOU:

DESCRIBE WORKMEN'S COMPENSATION CLAIMS YOU HAVE FILED:

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED?

YES NO

REFERENCES: List 2 persons, not relatives or former supervisors, who are well acquainted with your qualifications.

NAME	OCCUPATION	ADDRESS	PHONE
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AFFIDAVIT

I hereby authorize all schools, persons and employers to furnish you my record, reason for leaving, and all information they may have concerning me. And I hereby release them and you from all liability for any damage whatsoever arising therefrom.

I also authorize investigation of all statements made in this Application Form. I affirm that the statements are true and accurate. I understand that in the event of my employment by you, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information herein requested.

Date _____ Applicant's Signature _____