



Personal Information

Today's Date \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET CITY, STATE, ZIP CODE

PHONE NO. \_\_\_\_\_ MESSAGE PHONE NO. \_\_\_\_\_

IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME AND DEPARTMENT \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

EMPLOYMENT DESIRED:	POSITION:
DATE YOU CAN START:	SALARY DESIRED:
ARE YOU CURRENTLY EMPLOYED?	LOCATION
MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES NO

HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE?
WHEN? WHERE?

HAVE YOU EVER BEEN CONVICTED OF A CRIME?	YES	NO
IF YES, PLEASE EXPLAIN:		

**THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 65 YEARS OF AGE.**

\_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	GRADUATE	SUBJECTS
GRAMMAR			
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			

SUBJECTS OF SPECIAL STUDY		
What foreign languages do you speak fluently?	Read?	Write?
Activities: Civic, Athletic, Etc.		
Exclude organizations, the name or character of which indicates the race, creed, sex, marital status, age, or color or national origin of its members		

**PREVIOUS EMPLOYMENT**

List last four employers, beginning with the most recent

Dates: Mo/yr	Name & Address	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES**

List three people not related to you, whom you have known for at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

Have you ever had a back injury?	If so, date:
Have you ever collected workmans compensation?	If so, Date:
Circumstances of injury:	
Are you in good health for position you are applying for?	

<b>IN CASE OF EMERGENCY NOTIFY:</b>
Name, Address & Phone #

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts stated is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated at any time without previous notice.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by:	Date:		
Remarks:			
Neatness:	Ability:		
HIRED:	POSITION:	START DATE	WAGES
Approved: 1.	2.	3.	
Personnel Manager	Department Head	General Manager	