

APPLICATION FOR EMPLOYMENT

PERSONAL INFORM	MATION				11
				DATE	- ⊊
NAME				SOCIAL SECURITY NUMBER	LAST
	LAST FIRST		MIDDLE		
PRESENT ADDRESS	STREET CITY		STATE	ZIP	41
DEDMANIENT ADDDESS			STATE	ZIF	
PERMANENT ADDRESS	STREET CITY		STATE	ZIP	┪┟
PHONE NO.	ARE YOU 18 YEARS OF	R OLDER?	Yes □	No 🗆	╛╽
	FROM LAWFULLY BECOMING EMPL AUSE OF VISA OR IMMIGRATION ST			No □	
EMPLOYMENT DES	IRED	DATE YOU		CALADV	
POSITION		CAN START		SALARY DESIRED	
ARE YOU EMPLOYED N	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?				
EVER APPLIED TO THIS	WHERE?		WHEN?		
REFERRED BY					_
EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED	
GRAMMAR SCHOOL					
HIGH SCHOOL					MID
COLLEGE					MIDDLE
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					
GENERAL					
SUBJECTS OF SPECIAL	STUDY OR RESEARCH WORK				
SPECIAL SKILLS					
ACTIVITIES: (CIVIC ATHLE EXCLUDE ORGANIZATIONS, THE NA	TIC ETC.) AME OF WHICH INDICATES THE RACE, CREED. SEX. A	GE, MARITAL STATUS	S, COLOR OR NATION	N OF ORIGIN OF ITS MEMBERS.	
U. S MILITARY OR NAVAL SERVICE	RANK		PRESENT MEN	MBERSHIP IN ARD OR RESERVES	



FORMER EMPLO	YERS (LIST BEL	OW LAST THREE EMP	PLOYE	RS, START	ING WITH LAS	T ONE FIRST).		
DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPL		ER	SALARY	POSITION	REASON FOR LEAVING		
FROM								
TO FROM								
TO	1							
FROM								
ТО	1							
FROM								
ТО								
WHICH OF THESE JOBS	DID YOU LIKE BEST	Γ?						
WHAT DID YOU LIKE MOS	ST ABOUT THIS JOI	3?						
REFERENCES: GIV	/E THE NAMES OF T	HREE PERSONS NOT RELA	TED TC	YOU, WHOM	YOU HAVE KNO	WN AT LEAST ONE YEAR.		
NAME		ADDRESS		BUSINESS		YEARS ACQUAINTED		
1								
2								
3								
IT IS UNLAWFU AS A CONDITION	JL IN THE STATE O ON OF EMPLOYME		T PLOYME	O REQUIRE ENT. AN EMF	OR ADMINISTE PLOYER WHO VI	state.) ER A LIE DETECTOR TEST IOLATES THIS LAW SHALL		
IN CASE OF EMERGENCY NOTIF								
	NAME		ADDR	ESS		PHONE NO.		
IF ANY FALSE INFOR AM EMPLOYED. MY E IN CONSIDERATION O MY EMPLOYMENT AN TIME, AT EITHER MY EMPLOYMENT MAY E UNDERSTAND THAT BY THE PRESIDENT, OR TO MAKE ANY AG	MATION, OMISSIONS EMPLOYMENT MAY E DF MY EMPLOYMEN ND COMPENSATION OR THE COMPANY'S BE CHANGED, WITH NO COMPANY REPE HAS ANY AUTHORIT GREEMENT CONTRA	S, OR MISREPRESENTATION BE TERMINATED AT ANY TIM T, I AGREE TO CONFORM T CAN BE TERMINATED, WITH S OPTION. I ALSO UNDERST OR WITHOUT CAUSE, AND N RESENTATIVE, OTHER THAN	NS ARE ME. O THE (H OR WI FAND AN WITH OI I IT'S PF	DISCOVERED COMPANY'S F ITHOUT CAUS ND AGREE TH R WITHOUT N RESIDENT, AN	D, MY APPLICATION RULES AND REGUMENTH OR HAT THE TERMS AND WITH OR HOTICE, AT ANY THEN ONLY W			
DATE	SIGNATURE							
		DO NOT WRITE BE	LOW T	HIS LINE				
INTERVIEWED BY:					DAT	<u>E:</u>		
REMARKS:								
NEATNECO			ABILIT	· · · · · · · · · · · · · · · · · · ·				
NEATNESS	0	POSITION	ADILII	1	DER	PT		
HIRED: Yes N	0	POSITION	DATE	DEPT.				
SALARY/WAGE			DAIE	REPORTING				
APPROVED:	1. EMPLOYMENT MANA	AGER	DEPT. I	HEAD	3	GENERAL MANAGER		