Application for Employment

Personal Information: **Date:** _____   **Social Security Number :** _____

Name: _____   **Age:** _____   **Sex:** _____

        Last   First   Middle

Present Address: _____

        Street   City   State   Zip

Permanent Address: _____

        Street   City   State   Zip

Phone Number: _____   **Own Home:** _____   **Rent:** _____   **Board:** _____

Date of Birth: _____   **Height:** _____   **Weight:** _____   **Hair Color:** _____

Married _____   **Single** _____   **Widowed** _____   **Divorced** _____   **Seperated** _____

Number of Children: _____   **Dependants other than wife or children:** _____   **Citizen of U.S.A.**   **Yes or No** _____

If Related to anyone in our company, State Name and Department: _____   Ref by: _____

Employment Desired

Position: _____   **Date to Start:** _____   **Salary Desired:** _____

Are you Employed Now? _____   **If So May We Inquire of Your Present Employer:** _____

Ever Applied to this Company Before? _____   **Where:** _____   **When:** _____

Education	Name and Location of School	Years Attended	Date Graduated	Subject Studied
Grammer School				
High School				
College				
Trade, Business or Correspondence School				

Subjects of Special Study or Research Work: _____

_____   _____   _____   _____

What Foreign Languages Do You Speak Fluently? _____ Read: _____ Write: _____

U.S. Military or Naval Service: _____ Rank: _____ **Present Mbrshp in Nat. Guard or Res.** _____

Activities Other Than Religious (Civic, Athletic, Fraternal, Etc.) _____

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF IT'S MEMBERS

Former Employers (List Below Last Four Employers, Starting With Last One First)

Date Month and Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References: Give Below the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year

Name	Address	Business	Years Acquainted

Physical Record:

List Any Physical Defects: _____

Were You Ever Injured? _____ **Give Details:** _____

Have You Any Defects in Hearing? _____ **In Vision?** _____ **In Speech?** _____

In Case of Emergency Notify: _____

Name   Address   Phone

   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 an may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____ **Signature:** _____

Interview By: _____ **Date:** _____

REMARKS: _____

Neatness: _____ **Character:** _____ **Personality** _____

Hired _____ **For Dept** _____ **Position** _____ **Report To** _____ **Salary** _____

Approved 1 _____ **2** _____ **3** _____

Employee Manager   **Dept. Head**   **General Manager**