

**PERSONAL INFORMATION:** DATE: \_\_\_\_\_

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

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER: ( ) \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

LAST

FIRST

MIDDLE

**EMPLOYMENT DESIRED:**

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ MAY WE CONTACT YOUR EMPLOYER? \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

**EDUCATION:**

| SCHOOL          | NAME AND LOCATION | GRADUATED |    | MAJOR SUBJECTS | GPA |
|-----------------|-------------------|-----------|----|----------------|-----|
|                 |                   | YES       | NO |                |     |
| GRAMMAR SCHOOL  |                   |           |    |                |     |
| HIGH SCHOOL     |                   |           |    |                |     |
| COLLEGE         |                   |           |    |                |     |
| OTHER (SPECIFY) |                   |           |    |                |     |

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

SPECIAL TRAINING: \_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_  
(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.)

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS:** LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

| DATE<br>MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON<br>FOR LEAVING |
|------------------------|------------------------------|--------|----------|-----------------------|
| FROM                   |                              | \$     |          |                       |
| TO                     |                              | PER    |          |                       |
| FROM                   |                              | \$     |          |                       |
| TO                     |                              | PER    |          |                       |
| FROM                   |                              | \$     |          |                       |
| TO                     |                              | PER    |          |                       |
| FROM                   |                              | \$     |          |                       |
| TO                     |                              | PER    |          |                       |

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS | BUSINESS | YEARS<br>ACQUAINTED |
|------|---------|----------|---------------------|
| 1.   |         |          |                     |
| 2.   |         |          |                     |
| 3.   |         |          |                     |

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 AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGE AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT - DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

NEATNESS: \_\_\_\_\_

ABILITY: \_\_\_\_\_

HIRED: \_\_\_\_\_ DEPT: \_\_\_\_\_ POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_ SALARY: \_\_\_\_\_

APPROVALS:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 EMPLOYMENT MANAGER                      EMPLOYMENT HEAD                      GENERAL MANAGER