



Prospective employees will receive consideration without discrimination due to race, creed, color, sex, age, national origin, handicap, or veteran status.

EMPLOYMENT APPLICATION

Personal			
First Name:	Middle Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		How long have you lived at this address?	Home Phone:
City, State, Zip:			Business Phone:
Previous Address:		How long did you live at this address?	Social Security Number:
Position Desired:			Pay Expected:
Have you ever applied for employment with us?: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, month and year:	Can you work overtime if required? <input type="checkbox"/> Y <input type="checkbox"/> N
Are you a U.S. citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, employment is subject to verification of age.	When will you be available to begin work?	Number of dependents, including self?
Other special training or skills (languages, machine operation, etc.):			Are you over 18?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?			
Names of relatives and/or friends working for us, other than your spouse:			

Union Information	
Union Name:	Union Number:

Military	
Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you serve in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what branch?

References		
Name:	Name:	Name:
Address:	Address:	Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:	Phone Number:
Years Known:	Years Known:	Years Known:

Education

School	Name and Location of School	Course of Study	No. of Years	Did you graduate?	Degree or Diploma
College					
Business, Trade/ Technical					
High School					

Work History

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name:	Phone Number:
Address:	Employed (Month and Year)
Name of Supervisor:	From:
Job Title and Type of Work:	To:
	Hourly Rate:
	Reason for Leaving:
Company Name:	Phone Number:
Address:	Employed (Month and Year)
Name of Supervisor:	From:
Job Title and Type of Work:	To:
	Hourly Rate:
	Reason for Leaving:
Company Name:	Phone Number:
Address:	Employed (Month and Year)
Name of Supervisor:	From:
Job Title and Type of Work:	To:
	Hourly Rate:
	Reason for Leaving:

Do Not Contact

We may contact the employers listed above unless you indicate those you do not want us to contact.

Employer Number(s):

Reason:

Special Questions

Note: This information is required for one or all of the following reasons: a bona fide occupational qualification; dictated by national security laws; other legally permissible reasons.

Height: _____ ft. _____ in. Weight: _____ lbs. Date of Birth*: _____

*The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal, or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

I understand and agree that, if hired, my employment is subject to a drug screen as part of my pre-employment physical and will continue to be tested on a random-type basis thereafter."

Date: _____

Signature: _____

DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE

Interviewed on: _____

Interviewed By: _____

Hired: Yes No

Start Date: _____

Position: _____

Salary/Wage: _____

Approved By: _____

(President)

(Vice President)

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.