

**ATTENTION ALL JOB APPLICANTS:**

**ILLEGAL DRUGS ARE NOT  
WELCOME AT THIS COMPANY.**

**IF YOU USE OR DEAL IN DRUGS  
PLEASE DO NOT APPLY FOR WORK  
HERE.**

**JOB APPLICANTS MAY BE ASKED  
TO TAKE A STANDARD  
MEDICALLY APPROVED  
SUBSTANCE ABUSE SCREENING  
TEST.**

**ANY PERSON WHO REFUSES OR  
FAILS TO PASS WILL NOT BE  
ELIGIBLE FOR EMPLOYMENT.**

# APPLICATION FOR EMPLOYMENT

## 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: \_\_\_\_\_

## 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
GRAMMAR SCHOOL		YES	NO		
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 MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON 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 ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_  
NAME

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE OR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT 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 PREVIOUS NOTICE.

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

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

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

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

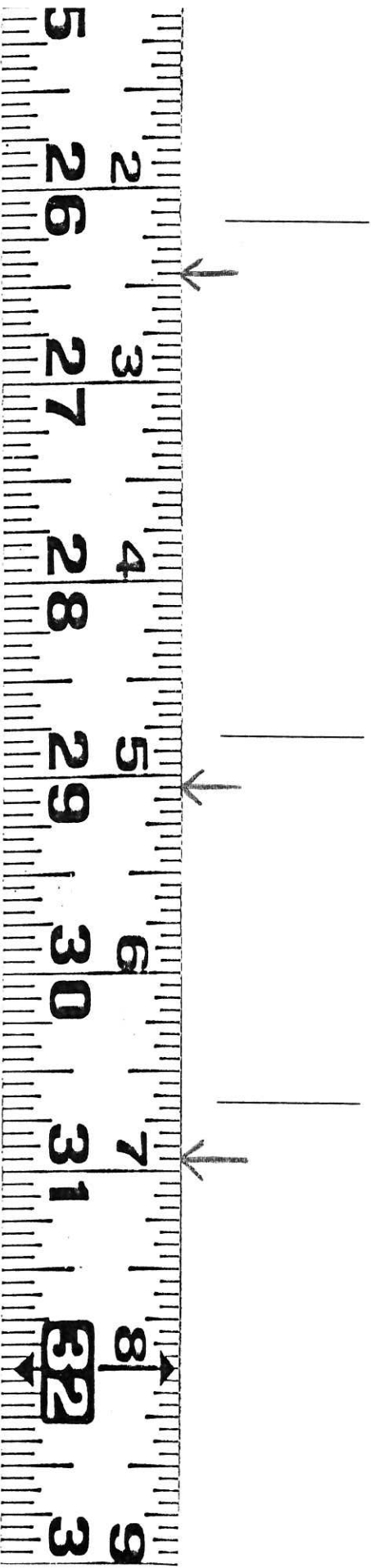
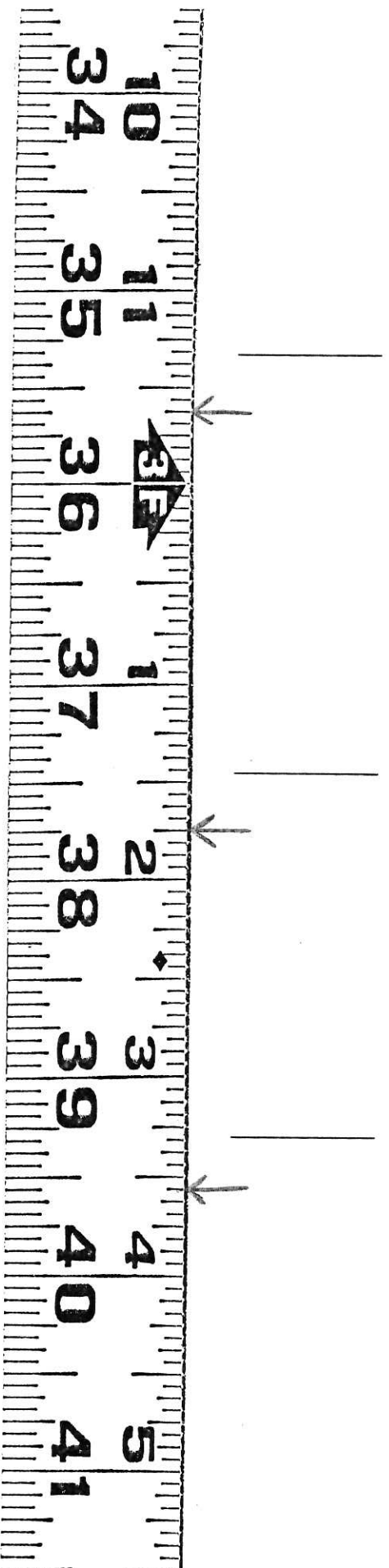
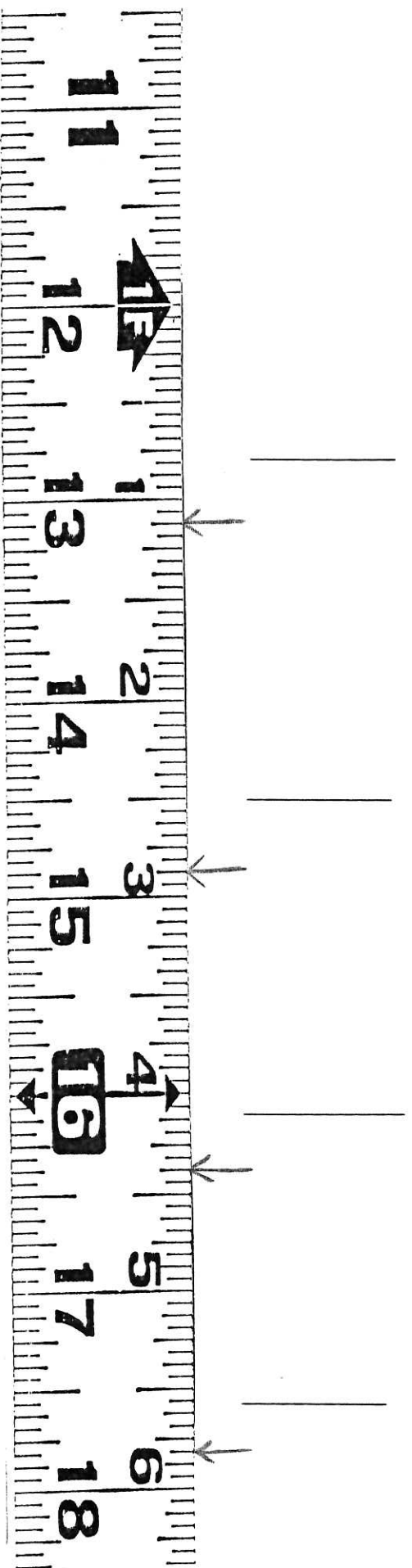
NEATNESS: \_\_\_\_\_

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

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

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





Give the proper tape reading.