

# application for employment

(PLEASE PRINT OR TYPE)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

## PERSONAL INFORMATION

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Maiden Name or Other Names Used \_\_\_\_\_  
(list year when each name changed)

Phone No. ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

## HOME ADDRESSES FOR THE PAST 7 YEARS *(Attach additional sheet if necessary)*

Present Address \_\_\_\_\_  
Street City State Zip Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_ Years Resided \_\_\_\_

Previous Address \_\_\_\_\_  
Street City State Zip Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_ Years Resided \_\_\_\_

Previous Address \_\_\_\_\_  
Street City State Zip Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_ Years Resided \_\_\_\_

Previous Address \_\_\_\_\_  
Street City State Zip Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_ Years Resided \_\_\_\_

Previous Address \_\_\_\_\_  
Street City State Zip Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_ Years Resided \_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_

If Yes, Felony \_\_\_\_\_ or Misdemeanor \_\_\_\_\_, List Date: \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_

If Yes, Disposition of Case \_\_\_\_\_

Drivers License No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

Have you ever been convicted of other than minor traffic violations? Yes \_\_\_\_ No \_\_\_\_ If yes, give date and explain.

## EDUCATION *(List ultimate degree)*

GED: Yes \_\_\_\_ No \_\_\_\_ Date Received \_\_\_\_\_ Name of School \_\_\_\_\_

Address of School \_\_\_\_\_  
City State

Name of High School \_\_\_\_\_ Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_

Address of School \_\_\_\_\_  
Street City State Zip Phone No. ( ) \_\_\_\_\_  
Area Code

Diploma Received: Yes \_\_\_\_ No \_\_\_\_ Date Received \_\_\_\_\_ Name of Degree \_\_\_\_\_

Name of College \_\_\_\_\_ Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_

Address of School \_\_\_\_\_  
Street City State Zip Phone No. ( ) \_\_\_\_\_  
Area Code

Diploma Received: Yes \_\_\_\_ No \_\_\_\_ Date Received \_\_\_\_\_ Name of Degree \_\_\_\_\_

## EMPLOYMENT DESIRED

Position  Attendant  Janitor/Maintenance  Clerical  Management

Type  Full Time  Part Time  Summer Date you can start: \_\_\_\_\_

Are you employed now? Yes \_\_\_\_ No \_\_\_\_ If Yes, may we inquire of your present employer? Yes \_\_\_\_ No \_\_\_\_

Ever applied to this company before? Yes \_\_\_\_ No \_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

Special Skills \_\_\_\_\_

Last

First

Middle

S. Date

B. Date

Fed. Status

City Tax

Yes No

File # \_\_\_\_\_ Position \_\_\_\_\_ Dept # \_\_\_\_\_ Type of Work \_\_\_\_\_

**FORMER EMPLOYERS** (List Below Last Four Employers, Starting With Last One First)

From Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_ Employer Name \_\_\_\_\_ Phone No. ( \_\_\_\_ ) \_\_\_\_\_  
Employer Address \_\_\_\_\_ Position \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

From Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_ Employer Name \_\_\_\_\_ Phone No. ( \_\_\_\_ ) \_\_\_\_\_  
Employer Address \_\_\_\_\_ Position \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

From Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_ Employer Name \_\_\_\_\_ Phone No. ( \_\_\_\_ ) \_\_\_\_\_  
Employer Address \_\_\_\_\_ Position \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

From Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_ Employer Name \_\_\_\_\_ Phone No. ( \_\_\_\_ ) \_\_\_\_\_  
Employer Address \_\_\_\_\_ Position \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

State Name and Location of Any Relatives, Other Than Spouse,  
Already Employed By This Company \_\_\_\_\_

Referred By \_\_\_\_\_

**REFERENCES** (Give Below the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year.)

Name \_\_\_\_\_ Business \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. ( \_\_\_\_ ) \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Business \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. ( \_\_\_\_ ) \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Business \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. ( \_\_\_\_ ) \_\_\_\_\_ Years Acquainted \_\_\_\_\_

**PHYSICAL RECORD**

Do you have any physical condition which may limit your ability to perform the job applied for?  
\_\_\_\_\_  
\_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_ ( \_\_\_\_ )  
Name Address Phone No. AREA CODE

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 wages and salary, be terminated at any time without any previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

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

Neatness: \_\_\_\_\_ Personality: \_\_\_\_\_

Character: \_\_\_\_\_ Ability: \_\_\_\_\_

Hired For Dept. Position Will Report Salary/Wages

Approved: 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_  
Employment Manager Dept. Head General Manager