

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or vertern status.

P	Last Name	First	Middle	Date
	Street Address			Home Telephone
R	City, State, Zip			Business Telephone
S	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes; When _____			Social Security #
O	Position Desired			Pay Expected
N	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime is asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	A Are you legally eligible for employment in the United States?			When will you be available to begin work?
L	Other special training or skills (languages, machine operation, etc.)			

E D U C A T I O N	School	Name and Location of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma	
	Graduate					<input type="checkbox"/> Yes	
						<input type="checkbox"/> No	
	College					<input type="checkbox"/> Yes	
						<input type="checkbox"/> No	
	Business/Trade/Technical					<input type="checkbox"/> Yes	
<input type="checkbox"/> No							
High School					<input type="checkbox"/> Yes		
					<input type="checkbox"/> No		
Elementary					<input type="checkbox"/> Yes		
					<input type="checkbox"/> No		

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion, or nation origin)

EMPLOYMENT

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

1	Company Name	Telephone
	Address	Employed - (State month/year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed - (State month/year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed - (State month/year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed - (State month/year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">Do Not Contact</th> </tr> <tr> <td style="width: 50%; padding: 2px;">Employer Number(s) _____</td> <td style="width: 50%; padding: 2px;">Reason _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">_____</td> </tr> </table>	Do Not Contact		Employer Number(s) _____	Reason _____	_____	
Do Not Contact							
Employer Number(s) _____	Reason _____						

S I G N A T U R E	The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.
I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.	_____ <div style="display: flex; justify-content: space-between; width: 100%;"> Date Signature </div>