

Application for Employment

Personal Information

Date: _____

Name: _____ SSN: _____
 Last First Middle DL# _____

Present Address: _____
 Street City State Zip

Permanent Address: _____
 Street City State Zip

Phone No: _____ Are you 18 years or older? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ☐ Yes ☐ No

Employment Desired _____

Position: _____ Date you can start: _____ Salary Desired: _____

Are you employed now: _____ If so can we inquire of your current employer: _____ ☐ Yes ☐ No

Applied to this company before: _____ Where: _____ When: _____

Referred by: _____

Education	Name of School	Did You Graduate	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

General _____

Subjects of special study or research work:

Special Skills:

Activities: (Civic, Athletic, Etc.): _____

Exclude organizations whose name indicates race, creed, sex, age, marital status, color, or nation of origin of its members

U.S. Military or Naval Service: _____ Rank: _____ Presently in Guard or Reserves: ☐ Yes ☐ No

Employment

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best? _____

Which of these jobs did you like least? _____

Please list driving experience. _____

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 No

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at either my or the company's option. I also understand and agree that the company may change with or without cause, and with or without notice the terms and conditions of my employment at any time. I understand no representative other than the director, and then only in writing and signed by the director, has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing.

Date: _____ Signature: _____

Do not write below this line.

Interviewed by: _____ Date: _____

Remarks: _____

Neatness: _____ Ability: _____

Hired: Yes No Position: _____ Dept: _____

Salary / Wage: _____ Reporting Date: _____

Approved: 1. _____ 2. _____ 3. _____

Employment Manager

Department Head

General Manger