

# APPLICATION FOR EMPLOYMENT

"An Equal Opportunity Employer"

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Who referred you to this company \_\_\_\_\_

- Private Placement Agency       College Placement Service       Walk-in  
 Reply to Advertisement       State Employment Office       Personal Contact

EDUCATION																		
Highest Grade Completed:		1	2	3	4	5	6	7	8	9	10	11	12	College	1	2	3	4
Special Training _____																		
Special Skills (Including machinery operation) _____																		
PREVIOUS WORK EXPERIENCE – List below, beginning with most recent																		
Employer	From	To	Type of Work	Beginning Rate	Ending Rate	Reason for Leaving												
1. a. Name																		
b. Address and Phone Number																		
2. a. Name																		
b. Address and Phone Number																		
3. a. Name																		
b. Address and Phone Number																		
SERVICE RECORD																		
Branch of Military Service – U.S. _____																		
National Guard _____			Date obligation ends _____															
Discharge date _____																		

\* The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

If you are presently working, may we contact your employer? \_\_\_\_\_

Any previous work injuries? \_\_\_\_\_

Relatives in Company employ \_\_\_\_\_

Notify in case of emergency \_\_\_\_\_  
(Name) (Address) (Phone No.)

Have you worked for this company before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Dates worked \_\_\_\_\_ Reason for leaving \_\_\_\_\_

To determine my qualifications for employment, I authorize this company to conduct an investigation of my application. I understand that any false or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application, or if employed by this company, in the termination of employment.

\_\_\_\_\_  
Signature

DO NOT WRITE BELOW THIS LINE

This section to be completed by this company only after applicant is hired. Information is to be used only for completing records and not for hiring purposes.

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Date to Start Employment \_\_\_\_\_ Shift \_\_\_\_\_

Classification \_\_\_\_\_ Department \_\_\_\_\_

Starting Rate of Pay \_\_\_\_\_

INTERVIEWER'S COMMENTS Date
COMPANY COMMENTS ON TERMINATION Date