

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

	DATE	SOCIAL SECURITY NUMBER
NAME		
LAST	FIRST	MIDDLE
PRESENT ADDRESS		
STREET	CITY	STATE
PERMANENT ADDRESS		
STREET	CITY	STATE
PHONE NO.		
IF RELATED TO ANYONE IN OUR EMPLOY		REFERRED BY
STATE NAME AND DEPARTMENT		

LAST
FIRST
MIDDLE

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER	
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	TIME LOST FROM WORK (OR SCHOOL) DUE TO ILLNESS OR ACCIDENTS DURING THE LAST FIVE YEARS?	
WHEN		

EDUCATION

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

HOW MANY DEPENDENT UPON YOUR SALARY? _____ WHAT RELATIONSHIP? _____

INCOME OTHER THAN SALARY? _____ EXPLAIN _____

IF EMPLOYED ARE YOU WILLING TO CONTINUE YOUR STUDIES? NO YES CAN YOU TAKE DICTATION? NO YES WPM _____ TYPE? NO YES WPM _____

NAME THE MACHINES YOU CAN OPERATE _____

NAME ANY OTHER SKILLS OR QUALIFICATIONS YOU HAVE _____

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

PHYSICAL RECORD:

LIST ANY PHYSICAL DEFECTS

ARE YOU WILLING TO BE EXAMINED BY A PHYSICIAN? YES NO

WERE YOU EVER INJURED? GIVE DETAILS

HAVE YOU ANY DEFECTS IN HEARING?

IN VISION?

IN SPEECH?

DO YOU USE: DRUGS

Light Heavy
 Moderate None

TYPE Prescription Non Prescription

Drug(s)
NAME

ALCOHOL None Sociably Heavy

TOBACCO None Pipe Cigars Cigarettes

IN CASE OF EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I further authorize investigation of my character, general reputation, personal characteristics and mode of living. I understand my right under the Fair Credit Reporting Act to request disclosures of the nature and scope of any such investigation.

DATE

SIGNATURE

COMMENTS
