



APPLICATION FORM

Prospective employees will be given equal opportunity and consideration on the basis of merit irrespective of race, creed, color, sex, national origin, handicap or veteran status.

(PRINT) First name				Middle	Last	Date	
						MO/ DAY/ YEAR	
PRESENT ADDRESS Street			City	State	Zip code	Social Security #	
						- -	
HOME PHONE #	Are you over 18?		Are you a U.S. citizen?		Position Desired:		
	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no				
DO YOU DESIRE TO WORK:		MAY A REFERENCE BE MADE WITH YOUR PRESENT EMPLOYER?		WHEN CAN YOU REPORT TO WORK?			
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER		<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:					
HAVE YOU EVER BEEN CONVICTED OF A FELONY?							
<input type="checkbox"/> YES <input type="checkbox"/> NO							
THE CONVICTION WILL NOT NECESSARILY DISQUALIFY YOUR APPLICATION FROM EMPLOYMENT.							

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	ATTENDED		GRADUATE? YES or NO	COURSE or SUBJECT OF STUDY & DEGREE
		from MO / YR	to MO / YR		
GRADE					
HIGH					
COLLEGE					
VOCATIONAL					
OTHER					

DO YOU HAVE A DISABILITY, HANDICAP OR CONDITION THAT LIMITS YOUR ABILITY TO PERFORM IN THE TYPE OF WORK YOU ARE APPLYING FOR?

YES NO

In case of accident or emergency, notify:	Phone#:
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PREVIOUS EMPLOYMENT

List most current job first

1	NAME OF COMPANY	EMPLOYED (STATE MONTH AND YEAR) FROM: TO:
	ADDRESS	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
	NAME OF IMMEDIATE SUPERVISOR	STARTING SALARY \$ PER LEAVING SALARY \$ PER
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
2	NAME OF COMPANY	EMPLOYED (STATE MONTH AND YEAR) FROM: TO:
	ADDRESS	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
	NAME OF IMMEDIATE SUPERVISOR	STARTING SALARY \$ PER LEAVING SALARY \$ PER
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
3	NAME OF COMPANY	EMPLOYED (STATE MONTH AND YEAR) FROM: TO:
	ADDRESS	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
	NAME OF IMMEDIATE SUPERVISOR	STARTING SALARY \$ PER LEAVING SALARY \$ PER
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
4	NAME OF COMPANY	EMPLOYED (STATE MONTH AND YEAR) FROM: TO:
	ADDRESS	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
	NAME OF IMMEDIATE SUPERVISOR	STARTING SALARY \$ PER LEAVING SALARY \$ PER
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE. IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES NO

REFERENCES

NAME	TITLE/OCCUPATION	YEARS KNOWN
ADDRESS		PHONE
NAME	TITLE/OCCUPATION	YEARS KNOWN
ADDRESS		PHONE

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment, and that if hired, my employment can be terminated at any time, with or without notice, at the option of either the company or myself. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

SIGNATURE

DATE