

# APPLICATION FOR EMPLOYMENT

<b>PERSONAL INFORMATION</b>				<b>Date:</b>
<b>Name</b>				
Last	First	Middle	Social Security #	
<b>Present Address</b>				
Street	City	State		
<b>Permanent Address</b>				
Street	City	State		
<b>Phone Number:</b>		<b>Referred By:</b>		
<b>EMPLOYMENT DESIRED</b>				
Position		Date you Can Start	Salary Desired	
Are You Employed		If so, may we contact your present employer?		
Ever applied to this company before?		Where?	When?	
<b>EDUCATION</b>	<b>NAME &amp; LOCATION OF SCHOOL</b>	<b>YEARS ATTENDED</b>	<b>DATE GRADUATED</b>	<b>SUBJECTS STUDIED</b>
<b>Grammar School</b>				
<b>High School</b>				
<b>College</b>				
<b>Trade, Business or Correspondence School</b>				
THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.				
<b>GENERAL</b>				
Subjects of special study or research work				
What foreign languages do you speak fluently?		Read?	Write?	
US Military Or Naval Service		Rank	Present Membership in National Guard or Reserves	
<b>SPECIAL QUESTIONS</b>				
<b>Please write a short paragraph about why you think you would be an asset to our company</b>				
<b>CONTINUED ON OTHER SIDE</b>				

**PHYSICAL RECORD**

As part of the job description and requirements you may have to assist clients. Do you have any physical defects or limitations that preclude you from lifting 50 pounds without assistance or limit you from performing any work for which you are being considered?  
 Yes No Explanation:

In case of  
Emergency notify:

Name

Address

Phone

**FORMER EMPLOYERS** (List below last four employers, starting with last one first)

Date/Month Year	Name and Address and Phone # of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES:**

Give below the names of three persons not related to you, whom you have known at least one year.

NAME	PHONE NUMBER	HOW YOU KNOW THIS PERSON	YEARS KNOWN
1.			
2.			
3.			

I hereby declare that the above information is complete and accurate and that there are no omissions. I understand that any conditional or firm offer of employment will be based on the information that I have provided and that any mis-representation or omission of relevant information may be grounds for dismissal and will release the employer from any liability that he/she may encounter by having acted upon such facts. I understand that employer may give me a conditional job offer, following which I may be required to furnish information regarding any pre-existing permanent physical impairment. I have read this employment application and understand it. I hereby authorize the company to investigate and verify the facts claimed by me on this application.

**Date:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Interviewed by** \_\_\_\_\_ **DO NOT WRITE BELOW THIS LINE**

REMARKS:

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

**HIRED:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_ **SALARY/WAGES** \_\_\_\_\_

APPROVED BY:

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES, SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION NOT WITHSTANDING THESE EFFORTS. THE MANUFACTURE OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM, OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.

