

Personal Information

Name (Last, First, Middle Init)		Social Security No.	
Street Address		City	State
Best Contact Phone		Email	How were you referred to us?
		Zip Code	

Employment Desired

Position	Date you can start	Salary Desired
Are you employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, may we inquire of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Ever applied to this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where?	When?

Education History

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School			
College			
Trade, Business or Correspondence School			

General Information

Special Training / Skills / Hobbies	
Military or Federal Service?	Rank

Employment History (List last three Employers – Start with current and work backwards)

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

References (Supply names of three persons not related to you, whom you have know for at least one year)

Name	City	Phone Number	Years Known

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

Remarks (Neatness, Character, Personality, Ability, Impressions)				
Rate below on a scale from 1-10				
Verbal Communication Skills	Appearance (neatness and appropriateness of attire)		Perceived Intelligence	
Approved by	Dept	Start on	Type (full/Temp)	Pay Rate