|  |  |
| --- | --- |
| **PERSONAL INFORMATION** |  |
| **Name (Last Name First)** | **Social Security Number** |
|  |  |
| **Address** | **City, State, Zip Code** |
|  |  |
| **Phone Number** | **Referred By** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **EMPLOYMENT DESIRED** |  |  |
| **Position** | **Date You Can Start** | **Salary Desired** |
|  |  |  |
| **Are You Currently Employed** | **May we Contact Employer?** |  |
|  |  |  |
| **Ever Appliced To This Company Before** | **Where** | **When** |
|  |  |  |
| **EDUCATION HISTORY** |  |  |  |  |
| **High School** | **Location of School**  | **Years Attended** | **Graduation Date** | **Subjects Studied** |
|  |  |  |  |  |
| **College** |  |  |  |  |
|  |  |  |  |  |
| **Business/Trade School** |  |  |  |  |
|  |  |  |  |  |
| **GENERAL INFORMATION** |  |
| **Subjects of Special Study; Work or Special Training/Skills** |
|  |  |
|  |  |
| **U.S. Military Service** | **Rank** |
|  |  |

**FORMER EMPLOYERS**





|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REFERENCES** |  |  |  |  |
| **Name** | **Address** | **Phone Number** | **Occupation** | **Years Known** |
|  |  |  |  |  |
|   |   |   |   |   |
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**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 the 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 .

Interviewed by . Date: .

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| **REMARKS** |
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|  |  |
| --- | --- |
| NEATNESS | CHARACTER |
| PERSONALITY | ABILITY |
| HIRED | FOR DEPT. | POSITION | WILL REPORT | SALARY/WAGES |

APPROVED: 1. . 2. . 3. .

 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER