

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SS NO. \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ REFERRED BY \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_ SALARY REQ. \_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER \_\_\_\_\_

EVER APPLIED TO THIS COMPANY? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

## EDUCATION

|   | NAME AND LOCATION OF SCHOOL | *YEARS ATTENDED | *DATE GRADUATED | AREA OF STUDY |
|---|-----------------------------|-----------------|-----------------|---------------|
| GRAMMAR SCHOOL                            | _____                       | _____           | _____           | _____         |
| HIGH SCHOOL                               | _____                       | _____           | _____           | _____         |
| COLLEGE                                   | _____                       | _____           | _____           | _____         |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL | _____                       | _____           | _____           | _____         |

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_ READ \_\_\_\_\_ WRITE \_\_\_\_\_

US. MILITARY SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ MEMBER OF NATIONAL GUARD/RESERVES? \_\_\_\_\_

## SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, IS DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- HEIGHT \_\_\_\_\_ FEET \_\_\_\_\_ INCHES
- WEIGHT \_\_\_\_\_ LBS.
- \_\_\_\_\_
- CITIZEN OF U.S. \_\_\_\_\_ YES \_\_\_\_\_ NO
- DATE OF BIRTH\* \_\_\_\_\_

\* 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.

**PHYSICAL RECORD**

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

WERE YOU EVER INJURED? GIVE DETAILS:

HAVE YOU ANY DEFECTS IN HEARING? IN VISION? IN SPEECH?

IN CASE OF EMERGENCY, NOTIFY

**FORMER EMPLOYERS**

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

| DATE (MONTH/YEAR) | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|-------------------|------------------------------|--------|----------|--------------------|
| FROM              |                              |        |          |                    |
| TO                |                              |        |          |                    |
| FROM              |                              |        |          |                    |
| TO                |                              |        |          |                    |
| FROM              |                              |        |          |                    |
| TO                |                              |        |          |                    |
| FROM              |                              |        |          |                    |
| TO                |                              |        |          |                    |

**REFERENCES**

NAME ADDRESS BUSINESS YEARS KNOWN

1

2

3

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE SIGNATURE

INTERVIEWED BY DATE

DO NOT WRITE BELOW THIS LINE

**REMARKS**

|             |  |           |  |
|-------------|--|-----------|--|
| APPEARANCE  |  | CHARACTER |  |
| PERSONALITY |  | ABILITY   |  |

HIRED FOR DEPT. POSITION WILL REPORT SALARY/WAGES

APPROVED: 1. 2. 3.

EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

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. NOTWITHSTANDING THESE EFFORTS, THE MANUFACTURER 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.