



Date \_\_\_\_\_

**PERSONAL INFORMATION**

**EQUAL OPPORTUNITY EMPLOYER**

NAME (Last Name, First Name)		SOCIAL SECURITY NO.	
PERMANENT ADDRESS		CITY	STATE ZIP CODE
MAILING ADDRESS (if different from above)		CITY	STATE ZIP CODE
PHONE NUMBER & BEST TIME TO CALL	HOW DID YOU HEAR WE WERE HIRING?		

**EMPLOYMENT DESIRED**

POSITION (Please circle one) FULL-TIME    PART-TIME    ON-CALL		SHIFT AVAILABILITY (Please circle all that apply) MORNING    AFTERNOON/EVENING    OVERNIGHT	
DAY AVAILABILITY (Please circle all that apply) SUN    MON    TUES    WED    THUR    FRI    SAT		DATE YOU CAN START	HOURLY RATE DESIRED
ARE YOU EMPLOYED NOW?    YES _____ NO _____	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER    YES _____ NO _____	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US?    YES _____ NO _____	

**EDUCATION HISTORY**

	NAME OF SCHOOL	LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**GENERAL INFORMATION**

Please leave areas blank if not applicable to your experience.

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY SERVICE	RANK

**EMPLOYMENT COMMENTS**

IS THERE ANYTHING YOU WOULD LIKE US TO KNOW ABOUT YOU?
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**FORMER EMPLOYERS** (List below your last four employers, starting with the most recent first)

1. NAME OF EMPLOYER	START DATE - END DATE (Month/Year - Month/Year)	HOURLY RATE	POSITION	SUPERVISOR CONTACT NUMBER
EMPLOYER ADDRESS	DUTIES & RESPONSIBILITIES			REASON FOR LEAVING

2. NAME OF EMPLOYER	START DATE - END DATE (Month/Year - Month/Year)	HOURLY RATE	POSITION	SUPERVISOR CONTACT NUMBER
EMPLOYER ADDRESS	DUTIES & RESPONSIBILITIES			REASON FOR LEAVING

3. NAME OF EMPLOYER	START DATE - END DATE (Month/Year - Month/Year)	HOURLY RATE	POSITION	SUPERVISOR CONTACT NUMBER
EMPLOYER ADDRESS	DUTIES & RESPONSIBILITIES			REASON FOR LEAVING

4. NAME OF EMPLOYER	START DATE - END DATE (Month/Year - Month/Year)	HOURLY RATE	POSITION	SUPERVISOR CONTACT NUMBER
EMPLOYER ADDRESS	DUTIES & RESPONSIBILITIES			REASON FOR LEAVING

**REFERENCES** List at most three persons who can comment on your work. Do not list family members or close friends.

NAME	CONTACT NUMBER	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and undersand 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 pervious employment and andy 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 unter 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 -----

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**REMARKS**


NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	POSITION	SALARY WAGES	

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_