



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name		First	Middle Initial	Date
	Street Address				Home Telephone
	City, State				Business Telephone
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year Location				Social Security#
	Position Desired				Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Not, what hours can you work?				Will you work overtime if asked
	Are you legally eligible to work in the United States				When will you be available to begin work?
	Other Special training or skills (languages, machine operation, etc.)				E-mail Address
Are you willing to learn to operate a forklift? Yes No					

E D U C A T I O N	School	Name and Location of School	Course of Study	#of Years Completed	Did you Graduate?	Degree or Diploma
	Elementary					
	High School					
	Business Trade Technical					
	College					
	Graduate					

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)

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EMPLOYMENT

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
	Street Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Street Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Street Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Street Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT	
	Employer Number (s)	Reason

MILITARY	Did you serve in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what Branch?
	Describe any training received relevant to the position for which you are applying.		

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.	
I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.	
Date	Signature