



EMPLOYMENT APPLICATION FORM

Print Name: _____
Last First Middle

Address : _____
(Street or P.O. Box, City, State, Zip)

Telephone: _____

U.S. Citizen: Yes No (Circle One) If no, give Visa status: _____

Date of birth: _____

In Case of emergency, notify: _____
Name, Address, Telephone

Qualifications _____

Please check / Full time: _____ Part time: _____ Temporary: _____ Date available: _____

Please specify days and hours available to work: _____

Any physical disabilities that may affect your job performance: _____ If yes, explain:

Have you ever been bonded, and what amount: _____ Employer at time: _____

Have you ever applied for employment by this company? Yes No If yes, when? _____

Presently employed? Yes No If no, give last date employed _____

How much time have you missed from work in the last two years and for what reason: _____

Have you ever been convicted of a felony? Yes No

If yes, describe in full: _____

- The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 to 70 years of age.
- Conviction record does not necessarily bar employment. Factors such as age and time of offense, seriousness, and nature of the violation, and rehabilitation will be taken into account.



Previous Employment

From To Name & Address of Employer Position Rate of Pay Supervisor

1. _____

2. _____

3. _____

4. _____

If still in High School - Please list Activities:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Education Record

School Address of School Course of study Last Yr. completed

Elementary _____

High School _____

College _____

Other (Specify) _____

Are you planning to further your education? Yes No If yes, when? _____

Character References

(People who know you well, either personally or in business)

1. _____

Name Address Telephone

2. _____

Name Address Telephone

In consideration of this application, I authorize inquiry of any person or firm, including former employers, regarding my fitness for employment and release this company from liability arising therefrom. I certify that the statements contained herein are true to the best of my knowledge and belief. I understand that any false statement may be considered sufficient cause for discharge.

Date: _____ Signature of applicant: _____