

PLEASE NOTE: MUST COMPLETE APPLICATION IN FULL FOR POSSIBLE EMPLOYMENT CONSIDERATION



APPLICATION FOR EMPLOYMENT

(Temporary, Probationary and Full Time)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin.

PERSONAL INFORMATION		Date:		Social Security Number:	
Last Name		First Name		Middle Initial	
Present Street Address			City	State	Zip Code
Permanent Street Address			City	State	Zip Code
Phone Number:					
Referred By:					

EMPLOYMENT DESIRED					
Position:		Date You Can Start:		Salary Desired:	
Are You Employed Now?		Is So, May We Inquire of Your Present Employer?			
Ever Applied to this Company Before?		Where?		When?	

FORMER EMPLOYERS		List Below Last Four Employers, Starting With Last One First			
Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving	
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

REFERENCES		Give Below the Names of Three Persons Not Related To You, Whom You Have Known at Least One Year.		
Name	Address	Business	Year Acquainted	

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PHYSICAL RECORD

Do you have any physical condition which may limit your ability to perform the job applied for? (This question is voluntary, and any answers will be kept confidential)

EMERGENCY CONTACT

Name	Address	Phone Number
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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.

I recognize and agree that if I am employed by the company, such employment will not result in a contract for employment and that the company may terminate my employment with or without notice and with or without cause at any time. I further recognize that nothing in any documents published by the company shall in any way modify the above terms and that these terms cannot be modified in any way by an oral or written representation made by any employee of the company except by a written document signed by the President of the company and myself.

I have read and understand the above statements and conditions of employment.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

REMARKS: _____

Hired: _____ For Department: _____

Position: _____

Will Report: _____

Salary/ Hourly Wage: _____

Approved: _____

President Management Office Manager