

### PERSONAL INFORMATION

NAME			DATE
LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS			
STREET		CITY	STATE
PERMANENT ADDRESS			
STREET		CITY	STATE
PREFERRED PHONE NO.		ARE YOU 18 YEARS OR OLDER?	YES <input type="checkbox"/> NO <input type="checkbox"/>

### 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, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSABLE REASONS.

<input type="checkbox"/> Height ____ feet ____ inches	<input type="checkbox"/> Citizen of the U.S. ____ Yes ____ No
<input type="checkbox"/> Weight ____ lbs	<input type="checkbox"/> Date of Birth* _____
<input type="checkbox"/> What Foreign Languages do you speak fluently? _____ Read _____ Write _____	
<input type="checkbox"/> _____	

\* The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

### EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

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### SKILLS & QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

#### Computer Skills (Check appropriate boxes. Include software titles and years of experience).

<input type="checkbox"/> Word Processing	Years: _____	<input type="checkbox"/> Internet	Years: _____
<input type="checkbox"/> Spreadsheet	Years: _____	<input type="checkbox"/> Other	Years: _____
<input type="checkbox"/> Presentation	Years: _____	<input type="checkbox"/> Other	Years: _____

**EMPLOYMENT HISTORY** Starting with your most recent employer, provide the following information:

Employer	Telephone #		Month	Year	Month	Year
Street Address	City	State	Dates employed: / / to / /			
Starting job title / final job title			<b>Compensation (Starting)</b>			
Immediate supervisor (for most recent position held)			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ per Hour	
Why did you leave?			<b>Compensation (Final)</b>			
Summarize type of work performed and job responsibilities			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ per Hour	
What did you like most about your position?						
What were the things you liked least about the position?						

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What did you like most about your position?						
What were the things you liked least about the position?						

**REFERENCES** List names and telephone numbers of three persons not related to you, whom you have known at least one year.

Name	Address / Telephone #	Relationship to You	Years Acquainted

**PHYSICAL RECORD**DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?    YES    NO

PLEASE DESCRIBE:

**IN CASE OF EMERGENCY NOTIFY**

NAME	RELATIONSHIP	ADDRESS	TELEPHONE

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, 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 PRIOR NOTICE."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY:	DATE:	HIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	SALARY/WAGE:	DATE REPORTING TO WORK:
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