



## APPLICATION FOR EMPLOYMENT

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

### PERSONAL:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Have you ever applied for employment with us?  Yes  No If yes, month and year: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Pay Expected: \_\_\_\_\_

Apart from absence for religious observance, are you available for full-time work?  Yes  No

If not, what hours can you work? \_\_\_\_\_ Will you work overtime if asked?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

If yes, when will you be available to begin work? \_\_\_\_\_

Other special training or skills (*languages, machine operation, etc.*): \_\_\_\_\_

### EDUCATION:

#### Graduate School:

Location: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

#### College:

Location: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

#### Business/Trade/Technical:

Location: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

#### High School:

Location: \_\_\_\_\_ Graduate?  Yes  No

### MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS:

*(Exclude those which may disclose your race, color, religion or national original):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT:

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

<b>Company Name:</b>	Telephone:
Address:	Employed ( <i>indicate month/year</i> ) From: To:
Name of Supervisor:	Weekly Pay ( <i>Start</i> ): <i>Last</i> :
Job Title:	
Description of Work Performed:	Reason For Leaving:
<i>Ok to contact?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, reason?</i>	

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Description of Work Performed:	Reason For Leaving:
<i>Ok to contact?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, reason?</i>	

## MILITARY:

Did you serve in the U.S. Armed Forces?  Yes  No

If Yes, in what branch?

Describe any training received relevant to the position for which you are applying: