



EMPLOYMENT APPLICATION

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|--|-------|--------|-------------------------------------|
| LAST NAME | FIRST | MIDDLE | DATE |
| STREET ADDRESS | | | HOME TELEPHONE |
| CITY, STATE, ZIP | | | BUSINESS TELEPHONE |
| Have you every applied for employment with us? What position? | | | SOCIAL SECURITY # |
| Position Desired | | | PAY EXPECTED |
| Apart from absence for religious observance, are you available for full-time work? | | | Will you work overtime if asked? |
| Are you legally eligible for employment in the United States? | | | When will you be available to work? |
| Other special training or skills (languages, machine operation, etc.) | | | |

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| SCHOOL | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS | Did You Graduate? | Degree or Diploma |
|----------------------------------|-----------------------------|-----------------|--------------|---|-------------------|
| Graduate | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business/ Trade/ Technical | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Elementary | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

 Date

 Signature

EMPLOYMENT

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

| | |
|--|---|
| Company Name | Telephone |
| Address City State Zip | Employed - (State month and Year) |
| 1 Name of Supervisor | From To |
| Your Job Title | Weekly Pay Start Last |
| Describe Your Work | Reason for Leaving |

| | |
|--|---|
| Company Name | Telephone |
| Address City State Zip | Employed - (State month and Year) |
| 2 Name of Supervisor | From To |
| Your Job Title | Weekly Pay Start Last |
| Describe Your Work | Reason for Leaving |

| | |
|--|---|
| Company Name | Telephone |
| Address City State Zip | Employed - (State month and Year) |
| 3 Name of Supervisor | From To |
| Your Job Title | Weekly Pay Start Last |
| Describe Your Work | Reason for Leaving |

| | |
|--|---|
| Company Name | Telephone |
| Address City State Zip | Employed - (State month and Year) |
| 4 Name of Supervisor | From To |
| Your Job Title | Weekly Pay Start Last |
| 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 _____
