



Name \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip Phone(s)

How Long Have You Lived At Above Address? \_\_\_\_\_ Are You A U.S. Citizen? \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street City State Zip How Long Did You Live There?

Date of Birth \_\_\_\_\_ Sex  F  M Height \_\_\_\_ Ft. \_\_\_\_ In.

Marital Status  Single  Engaged  Married  Separated  Divorced Date of Marriage \_\_\_\_\_

Number of Dependents Including Yourself \_\_\_\_\_ Number of Children \_\_\_\_\_  Own Home  Rent

Is Spouse Employed? \_\_\_\_\_ If Yes, Kind of Work? \_\_\_\_\_

Positions Applied For: 1. \_\_\_\_\_ Rate of Pay Expected \$ \_\_\_\_\_ per \_\_\_\_\_

2. \_\_\_\_\_ Rate of Pay Expected \$ \_\_\_\_\_ per \_\_\_\_\_

Do you want to work  Full Time  Part Time - Specify Days and Hours if Part Time \_\_\_\_\_

Have You Worked For Us Before? \_\_\_\_\_ If Yes, When? \_\_\_\_\_

List any Friends or Relatives Who Has Worked or is Working For Us \_\_\_\_\_

If Hired, What Date Will You Be Available To Start Work? \_\_\_\_\_

Do You Have Any Physical Handicaps Which Would Prevent You From Performing Specific Kinds of Work? \_\_\_\_\_

If Yes, Explain Your Limitations \_\_\_\_\_

Have You Had A Serious Illness In The Past 5 Years?  No  Yes (Describe) \_\_\_\_\_

Have You Received Compensation For Injuries?  No  Yes (Describe) \_\_\_\_\_

Have You Ever Been Convicted Of A Crime, Excluding Misdemeanors?  No  Yes

If Yes, Describe \_\_\_\_\_

What Foreign Languages Do You Speak Fluently \_\_\_\_\_  Read  Write

Person To Be Notified In Case Of Accident or Emergency

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**PRIOR WORK HISTORY**

(Begin with last, or present employer first)

DATES	NAME AND ADDRESS OF EMPLOYER	SALARY		REASON FOR LEAVING
MONTH AND YEAR		START	ENDING	
From _____				
To _____				
Description of Duties				

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From _____				
To _____				
Description of Duties				

Have You Ever Been Bonded? If Yes, Describe \_\_\_\_\_

Does Your Present Employer Know Of Your Plans To Change Employment?     Yes     No

May We Contact The Employers Listed Above?     Yes     No    \_\_\_\_\_ If Not, Indicate Below Which One(s) You Do Not Wish Us To Contact \_\_\_\_\_

List Educational Background (Schools, Courses and Dates Completed) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I authorize investigation of all statements contained in this application and of questions asked at my interview. I understand that if employed, false statements on this application or at my interview shall be sufficient cause for dismissal. 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 prior notice.*

Date \_\_\_\_\_ Signature \_\_\_\_\_