

# APPLICATION FOR EMPLOYMENT

*Prospective Employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.*

<b>P E R S O N A L</b>	Last Name	First	Middle	Date
	Street Address			Home Telephone ( )
	City, State, Zip			Work Telephone ( )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", Month and Year _____ Location _____			Social Security Number
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Have you been convicted of any crimes in the past 10 years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", describe in full: _____			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", with what employers? _____
	Membership in professional and civic organizations (Exclude those which may disclose your race, color, religion, age or national origin).			
	Other special training or skills (languages, machine operation, etc.), special accomplishments and/or awards.			

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma?
	<b>Graduate</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>College</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Business/ Trade/ Technical</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>High School</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Elementary</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", in which branch?
	Describe any training relevant to the position for which you are applying.	





# REQUEST FOR INFORMATION

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

Maiden Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address City State Zip

Previous Address: \_\_\_\_\_  
Street Address City State Zip

### ***Disclosure for Request of Information***

In making this application for employment I understand that it may be necessary to make investigative inquiries regarding criminal, employment, credit and other history. I understand that inquiries may be made to various federal and state agencies, credit reporting agencies, employers, and personal references, acquaintances and others seeking information as to my personal characteristics, employment status, general reputation, and mode of living.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative inquiry that is made.

Please consider this signed statement as my authorization to make any necessary investigative reports.

Applicant: \_\_\_\_\_  
Print Full Name

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_