



Date \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 \_\_\_\_\_  
 Last First Middle

Present Address

\_\_\_\_\_  
 \_\_\_\_\_  
 Street City State  
 Zip

Permanent Address

\_\_\_\_\_  
 \_\_\_\_\_  
 Street City State  
 Zip

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Are you 18 Yrs or older?

Yes No

**Employment Desired**

Position \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary

Desired: \_\_\_\_\_

Are you employed now? Yes No If so, may we contact your present employer? Yes No

Are you able to work Full Time Part Time Temporary

What is your military status?

\_\_\_\_\_  
 Can you travel if job requires? Yes No Possibly

Do you have a valid driver's license? Yes No Class A Class B DL # \_\_\_\_\_ Expires

Have you had a motor vehicle accident or moving violation in the past 3 years? Yes No

If YES, please explain:

\_\_\_\_\_

**Education**

Level	Name & Location of School	# of years attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade School				

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less



**Former Employers** List below the last three employers, starting with the last one first

Date Month & Year		Name & Address of Employer	Salary	Position	Reason
From					
To					
Supervisor					
From					
To					
Supervisor					
From					
To					
Supervisor					

**References** Give the name of three persons not related to you, whom you have known at least one year.

Name	Business	Phone #	Years Acquainted
1.			
2.			
3.			

**Physical Record**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes No If YES, what can be done to accommodate your limitations?

Please describe:

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In case of emergency, notify:

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Name

Address

Phone #

"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 the application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you 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."

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Date

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Signature