

PERSONAL

LAST NAME	FIRST NAME	MIDDLE INITIAL	E-Mail Address	
ADDRESS	Street - Apt. No.	CITY	STATE	ZIP CODE
PHONE (Area Code and Number)				

NAME AND PHONE OF THE PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

IS YOUR CITIZENSHIP OR IMMIGRATION STATUS SUCH THAT YOU CAN LAWFULLY WORK IN THE U.S.? YES NO

EDUCATION

SCHOOL NAME AND LOCATION	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?		G.P.A.	DEGREE / MAJOR OR TOTAL HOURS
		YES	NO		
HIGH SCHOOL					
TRADE OR BUSINESS SCHOOL					
COLLEGE / UNIVERSITY					
COLLEGE / UNIVERSITY					

LIST SCHOLARSHIPS, ACADEMIC HONORS, AWARDS, MEMBERSHIPS AND ELECTED OFFICES HELD IN EXTRA-CURRICULAR SCHOOL OR PROFESSIONAL ACTIVITIES (EXCLUDE THOSE INDICATING RACE, RELIGION, AGE, SEX, COLOR, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS)

LIST PROFESSIONAL LICENSES HELD, PATENTS, ETC., IF APPLICABLE TO POSITION APPLIED FOR

LIST FOREIGN LANGUAGES

1. _____ READ WRITE SPEAK
2. _____ READ WRITE SPEAK
3. _____ READ WRITE SPEAK

SKILLS (COMPLETE IF APPLYING FOR CLERICAL / SECRETARIAL POSITION)

TYPEWRITING YES NO W.P.M. _____ SHORTHAND YES NO W.P.M. _____ DICTAPHONE YES NO
 KEYPUNCH YES NO TEN KEY ADDING MACHINE YES NO CALCULATOR YES NO

LIST COMPUTER SKILLS, IF ANY:

U.S. Military Service

BRANCH OF SERVICE	FROM MONTH	YEAR	TO MONTH	YEAR
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APPLICABLE MILITARY EXPERIENCE

EXPERIENCE (GIVE PRESENT OR LAST POSITION FIRST. IF ADDITIONAL SPACE IS NEEDED ATTACH A SEPARATE SHEET)

COMPANY	ADDRESS / PHONE NUMBER	
TYPE OF BUSINESS / INDUSTRY	EMPLOYED (MONTH & YEAR) FROM TO	MONTHLY / WEEKLY / HOURLY SALARY OR WAGE
POSITION HELD	SUPERVISOR'S NAME / POSITION	
DESCRIBE YOUR DUTIES		

MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	
COMPANY	ADDRESS / PHONE NUMBER	
TYPE OF BUSINESS / INDUSTRY	EMPLOYED (MONTH & YEAR) FROM TO	MONTHLY / WEEKLY / HOURLY SALARY OR WAGE
POSITION HELD	SUPERVISOR'S NAME / POSITION	
DESCRIBE YOUR DUTIES		

MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	
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POSITION HELD	SUPERVISOR'S NAME / POSITION	
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TYPE OF BUSINESS / INDUSTRY	EMPLOYED (MONTH & YEAR) FROM TO	MONTHLY / WEEKLY / HOURLY SALARY OR WAGE
POSITION HELD	SUPERVISOR'S NAME / POSITION	
DESCRIBE YOUR DUTIES		

MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
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ANY VERIFIED WORK PERFORMED ON A VOLUNTEER BASIS MAY BE INCLUDED IN YOUR WORK HISTORY

LIST ADDITIONAL BUSINESS AND PERSONAL REFERENCES

NAME	ADDRESS	POSITION	PHONE

GENERAL

HAVE YOU EVER WORKED FOR THE COMPANY OR ANY OF IT'S AFFILIATES?
 YES NO IF YES, WHERE AND WHEN?
 POSITION HELD MANAGEMENT HOURLY STAFF

HAVE YOU EVER APPLIED FOR THE COMPANY OR ANY OF IT'S AFFILIATES?
 YES NO IF YES, WHERE AND WHEN?

HOW WERE YOU REFERRED TO THE COMPANY?

COLLEGE WALK-IN MILITARY SERVICE STATE EMPLOYMENT SERVICE AD
 EMPLOYMENT AGENCY EMPLOYEE INTERNET JOB FAIR/OPEN HOUSE OTHER _____

WHAT STARTING SALARY WILL YOU CONSIDER?

WHEN WILL YOU BE AVAILABLE FOR EMPLOYMENT?

ARE YOU WILLING TO TRAVEL?

IF YES, TO WHAT EXTENT?

ARE YOU WILLING TO RELOCATE?

LOCATION PREFERENCES / RESTRICTIONS

ARE YOU WILLING TO WORK: OVERTIME NIGHTS WEEKENDS HOLIDAYS ROTATING SHIFTS
 PLEASE EXPLAIN ANY RESTRICTIONS:

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge. I understand that any falsification or misinterpretation herein could result in my discharge in the event I am employed by the Company.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature

Date

FOR PERSONNEL USE ONLY

INTERVIEWED BY		INTERVIEWED BY	DATE
EMPLOYMENT DATE	STARTING SALARY	SUPERVISOR	DEPARTMENT
COMMENTS			

