



# Application for Employment

## Personal Information

Date \_\_\_\_\_  
 Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Present Address \_\_\_\_\_  
 Permanent Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Referred by \_\_\_\_\_

## Employment Desired

Position \_\_\_\_\_ Date Available \_\_\_\_\_ Salary Req. \_\_\_\_\_  
 Are you employed? \_\_\_\_\_ If so, may we inquire of your present employer \_\_\_\_\_  
 Ever applied to this company? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

## Education

	Name & Location of School	*Years Attended	*Date Graduated	Area of Study
Grammar School				
High School				
College				
Trade, Business or Correspond. School				

## General

Subjects of Special Study or Research Work \_\_\_\_\_  
 What foreign languages do you speak fluently? \_\_\_\_\_  
 Read \_\_\_\_\_ Write \_\_\_\_\_  
 U.S. Military Service \_\_\_\_\_ Rank \_\_\_\_\_  
 Member of National Guard/Reserves? \_\_\_\_\_

## Special Questions

Do not answer **any** of the questions in this framed area unless the employer has **checked a box preceding** a question, thereby indicating that the information is required for a bona fide occupational qualification, is dictated by National Security Laws, or is needed for other legally permissible reasons.

- Height \_\_\_\_\_ feet \_\_\_\_\_ inches  Other \_\_\_\_\_
- Weight \_\_\_\_\_ lbs
- U.S. Citizen  yes  no

Date of Birth\* \_\_\_\_\_

\* 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 than 70 years of age.

**Physical Record**

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

Where you ever injured? \_\_\_\_\_ Give Details: \_\_\_\_\_

Have you any defects in hearing? \_\_\_\_\_ In vision? \_\_\_\_\_ In speech? \_\_\_\_\_  
In case of emergency, notify: \_\_\_\_\_

**Former Employers**

(List below your last four employers, starting with the most recent one first.)

Date (M/Y)	Name & Address of Employer	Salary	Position	Reason Left
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**References**

	Name	Address & Phone	Business	Years Known
1				
2				
3				

**Remarks**

Appearance: \_\_\_\_\_ Character: \_\_\_\_\_

Personality	Ability
Hired: _____ For Dept.: _____	Position _____
Will Report: _____	Salary/Wages _____
Approved 1. _____ 2. _____ 3. _____	
Employment Manager: _____	Dept. Head: _____
General Manger _____	

This form has been designed to comply with State and Federal Fair Employment Practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application. Notwithstanding these efforts, the manufacturer of this form assumes no responsibility, and hereby disclaims any liability for inclusion in this form, of any questions upon which a violation of State and Federal Fair Employment Practice laws may be based.