

# APPLICATION FOR EMPLOYMENT

HEALTH CARD # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

is employer complies with the Civil Rights Act of 1964 which prohibits discrimination in employment because of race, color, religion, sex or national origin. Qualified applicants are considered for all positions without regards to age, marital status, or the presence of a non job related medical condition or handicap. Age discrimination in Employment Act of 1957 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

## PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Telephone Number \_\_\_\_\_

Present Address No. and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Permanent Address No. and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Married  Single  # Of Dependents \_\_\_\_\_ Birth Date: \_\_\_\_\_

## EMPLOYMENT DESIRED

Position Applying For: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are You Currently Employed: \_\_\_\_\_

Do Any Relatives Work Here: \_\_\_\_\_

Do You Want To Work Full Time: \_\_\_\_\_ Shifts Or Hours Preferred: \_\_\_\_\_

Do You Have Any Job Related Physical Limitations: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

FROM	To:	Employer Name & Add.	Last Position	Sal.	Reason You Left:

Please Explain Any Gap In The Employment History Below:

## PERSONAL REFERENCES

Please List Non Relatives Whom You've Known For A Year.

Name And Add.	Buisness Telephone

Grade School \_\_\_\_\_ High School: \_\_\_\_\_ College: \_\_\_\_\_ Business or Trade School: \_\_\_\_\_ Other: \_\_\_\_\_

CERTIFY ALL STATEMENTS TO BE TRUE AND CORRECT, AND AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION, OR OMISSION OF FACTS CALLED FOR IS CAUSED FOR DISMISAL.

DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_