

(NOTE: If you feel that your civil rights would be violated by answering a question on this form, please omit the answer to that question.)

Date: \_\_\_\_\_

A	B	C	D
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Location Desired: 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_  
 Number Street City State ZIP Code

Type of Position Desired (1st Choice) \_\_\_\_\_ (2nd Choice) \_\_\_\_\_ Full Time  Part Time  Temporary

Please insert times on each day you would be available for work.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How soon would you be available for work? \_\_\_\_\_ Salary Required? \_\_\_\_\_

How long have you been a resident of County? \_\_\_\_\_

Are you 16 or older? \_\_\_\_\_ Are you 18 or older? \_\_\_\_\_

### US ARMED FORCES HISTORY

US Armed Forces Service  Yes  No Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

### GENERAL INFORMATION

List Outside Interests For Example: Clubs, Organizations, Sports, Hobbies (Need not list any interests which would indicate your religious or ethnic background.) \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, please explain in detail \_\_\_\_\_

Do you have any physical or mental condition which may affect your ability to perform the job applied for? If yes, what can be done to accommodate your limitation(s)? \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

### EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOLS	CHECK LAST YEAR COMPLETED				GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
		5	6	7	8	
Grade School						<input type="checkbox"/> Yes <input type="checkbox"/> No
High School						<input type="checkbox"/> Yes <input type="checkbox"/> No
College						
Business or Trade School						
Special Training						

What types of business machines do you operate? \_\_\_\_\_

Have you ever been employed by this Company before? \_\_\_\_\_ If yes, give dated employed \_\_\_\_\_

Have you ever been discharged from any position?  Yes  No If yes, explain \_\_\_\_\_

**EMPLOYMENT EXPERIENCE/WORK HISTORY**

Start with your present or your last employer. If you need more space, use an extra sheet of paper. If summer or part-time work, please indicate. If you were employed under a maiden or other name, please indicate that name by the employer.

May we request a reference from your present employer?  Yes  No

Name of Employer	Type of Business	Starting Date	Date of Leaving	Your Title and Duties
Address Telephone #	Supervisor/Title	Starting Pay	Pay at Leaving	Reason for Leaving
City State ZIP Code				
Name of Employer	Type of Business	Starting Date	Date of Leaving	Your Title and Duties
Address Telephone #	Supervisor/Title	Starting Pay	Pay at Leaving	Reason for Leaving
City State ZIP Code				
Name of Employer	Type of Business	Starting Date	Date of Leaving	Your Title and Duties
Address Telephone #	Supervisor/Title	Starting Pay	Pay at Leaving	Reason for Leaving
City State ZIP Code				

Is this a complete list of your employment?  Yes  No

Are we granted permission to check all information on this application?  Yes  No

Indicate any of the above employers whom you **DO NOT** wish us to contact? \_\_\_\_\_

We are an equal employment opportunity Company. We are dedicated to a policy of nondiscrimination in employment on any basis including race, creed, age, sex, religion, national origin, height, weight, marital status, or handicap.

BRIEFLY SET FORTH WHY YOU DESIRE EMPLOYMENT WITH OUR COMPANY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with this Company's policy. I authorize the references listed above to give you any 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 agree to undergo a character investigation and, if requested by the employer or law officials, an honesty verification test.) I understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time, nor am I obligated to work for the Company for any specified period of time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: This application will be kept current for six months. You need to complete another to be reconsidered after this date.**