

Application for Employment

Name _____ Social Sec No _____ Tel _____
(Last) (First) (Middle)

Address _____ Birthdate _____
(Street) (City) (State) (Zip Code)

Spouse's Name _____ Spouse's Employer _____

No & Ages of Children _____ Other Dependents _____

List any friends or relatives in our employ _____

What transportation can you use to get to and from work? _____ Applying for _____ Full Time _____ Part Time _____ Temporary

Education Record						
Type of School	Name & Place	From	To	Graduate?	Course(s)	
Last Grammar/Jr High School						
Last High or Prep School						
College or University						
Other						

Experience – Account for all the time since leaving school – List last employer first							
Firm Name	Location	Your Position	Supervisor	From	To	Wages	Reason for Leaving

Have you served in the military? _____ If yes, list when and where _____

Special training _____

What type of work do you prefer? _____

When could you start to work? _____

What monthly salary would you consider to start? _____

Please list name, addresses and type of business for two references
(No relatives, but at least one former employer)

What special equipment have you used? _____

Describe previous experience(s) you believe will help you in employment with us _____

What are your hobbies? _____

Do you have any chronic ailments or physical limitations, which preclude you from performing certain kinds of work? _____

Have you ever been hospital confined? _____ Where? _____ When? _____ Why? _____

How many days have you been ill during the past two years? _____ Are you willing to submit to a medical examination? _____

Have you ever had any kind of industrial accident or occupational disease? _____

Have you ever been convicted of a felony? _____ Where? _____ When? _____

Signature of Applicant _____

Date _____

(Official use only)

Comments

Interviewed by _____

Date _____