

# SPENCER'S

## APPLICATION FOR EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT CLEARLY)

Date \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
*Last First Middle Initial*

PRESENT ADDRESS \_\_\_\_\_  
*No. Street City State Zip Code*

ARE YOU AT LEAST 16 YEARS OLD? \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

Would you work:     Full-Time     Part-Time

Specify days and hours not able to work \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when and where \_\_\_\_\_

List any friends or relatives working for us

	Name	How Related
	Name	How Related

Summarize special skills and qualifications acquired from employment or other experience. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EDUCATION

School	Name and Location	Highest Grade Completed	List Degree or Diploma	Major
Secondary				
College				
Other				

**BEGINNING WITH YOUR MOST RECENT POSITION, LIST ALL PRESENT AND PAST EMPLOYMENT**

1. Company Name		Employed From _____ To _____	Name of Supervisor: _____ Your Title: _____
Address		Rate of Pay Start _____ Last _____	Describe Major Functions of Your Job  _____  _____
Phone _____	Type of Business _____	Reason for Leaving _____	
2. Company Name		Employed From _____ To _____	Name of Supervisor: _____ Your Title: _____
Address		Rate of Pay Start _____ Last _____	Describe Major Functions of Your Job  _____  _____
Phone _____	Type of Business _____	Reason for Leaving _____	
3. Company Name		Employed From _____ To _____	Name of Supervisor: _____ Your Title: _____
Address		Rate of Pay Start _____ Last _____	Describe Major Functions of Your Job  _____  _____
Phone _____	Type of Business _____	Reason for Leaving _____	
4. Company Name		Employed From _____ To _____	Name of Supervisor: _____ Your Title: _____
Address		Rate of Pay Start _____ Last _____	Describe Major Functions of Your Job  _____  _____
Phone _____	Type of Business _____	Reason for Leaving _____	

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by number which one(s) you do not wish us to contact \_\_\_\_\_

Would you agree to a physical examination paid for by the company if requested? \_\_\_\_\_

The facts set forth above in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal.

**This application for employment is not intended to be a contract of employment.**

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Interviewer Date