

# EMPLOYMENT APPLICATION

Location \_\_\_\_\_

Name in Full \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print Plainly)

Address \_\_\_\_\_ Home Tel. No. \_\_\_\_\_  
(Street Number) (City/Town) (State) (Zip Code)

Position desired \_\_\_\_\_ Earnings Expected \$ \_\_\_\_\_ Per \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Social Security No. \_\_\_\_\_

## PERSONAL & GENERAL

Who referred you to us? \_\_\_\_\_

Are you willing to relocate? \_\_\_\_\_ Location Preferred? \_\_\_\_\_

### QUESTIONS 4 AND 5 ARE TO BE ANSWERED ONLY AFTER YOU HAVE BEEN HIRED

4. Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
5. In case of emergency, notify \_\_\_\_\_  
(name)
- \_\_\_\_\_ (street address) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_ (telephone)

## EDUCATION

Type of School	Name and Address of Schools	Check last year completed				Last year attended	Graduate?
Grade School		5	6	7	8		<input type="checkbox"/> Yes <input type="checkbox"/> No
High School		1	2	3	4		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		1	2	3	4	19	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Trade School		1	2	3	4	19	
Special Training		1	2	3	4	19	

What types of Business Machines do you operate? \_\_\_\_\_

Extracurricular activities in school (athletics, clubs, etc.) \_\_\_\_\_  
(Do not include Military, Racial, Religious or Nationality Groups)

What offices did you hold in these groups? \_\_\_\_\_

## WORK HISTORY

[illegible]

Kind  
of  
Business

Time Employed			
From		To	
Mo.	Yr.	Mo.	Yr.

## Your Job

Why did  
you leave?

**Your Supervisor's  
Name  
and Title**

a.						Name Title
b.						
1.						Name Title
b.						
a.						Name Title
b.						
2.						Name Title
b.						
a.						Name Title
b.						
3.						Name Title
b.						
a.						Name Title
b.						
4.						Name Title
b.						

Indicate by number any of the above employers you **do not** wish us to contact. Explain here any period of unemployment longer than 30 days: \_\_\_\_\_

SERVICE IN U. S. ARMED FORCES

Were you in U. S. Armed Forces ☐ Yes, ☐ No; If yes, Date active duty started \_\_\_\_\_ Which Service? \_\_\_\_\_ What branch of that Service? \_\_\_\_\_ Starting Rank \_\_\_\_\_ Date of discharge \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Type of discharge \_\_\_\_\_ Are you in the Armed Forces Reserve? ☐ Yes, ☐ No; If so, which service? \_\_\_\_\_ Rank \_\_\_\_\_, ☐ Active, ☐ Inactive

References (not former employers or relatives)

OCCUPATION

Address

Phone number

In this space, briefly set forth why you desire a position with this company and why you think you would make a valuable employee

**If your application is considered favorably, on what date will you be available for work?**

It is understood that, if my application is considered favorably, any false or misleading statement on this application will be considered sufficient cause for dismissal. I agree to undergo a post offer physical examination and character investigation at Company expense; and realize that my employment is contingent upon my satisfactorily passing such examination and investigation according to standards established by the company. Further, I hereby release my former employers from all liability for damages on account of having furnished information regarding my personal character, habits, work record, etc.

Signed \_\_\_\_\_  
(Applicant's Signature)