



### APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone			E-mail Address			
Date Available		Social Security No.		Desired Salary		
Position Applied for						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

### EDUCATION

High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

### REFERENCES

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT				
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
From	To	Reason for Leaving		
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
From	To	Reason for Leaving		
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
From	To	Reason for Leaving		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

PHYSICAL RECORD			
Do you have any physical defects that preclude you from performing any work for which you are being considered?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Give Details:
Have you ever been injured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Give Details:
Do you have any problems with Hearing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Give Details:
Do you have any problems with Vision?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Give Details:

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

This form has been designed to comply with Federal Fair Employment Practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directed or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriate noted on the application.

This Employment Application shall be kept on file for only 30 days from the date filled out by the applicant. After that date this application shall be shredded and disposed of.