



Personal Information

Date _____

Name		Social Security No. - -	
		Are you 18 or older? Y N	
		If Not, Date of Birth	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Referred By		

Employment Desired

Position	Date You Can Start	Salary Desired
Are You Employed?	If so, may we inquire of your present employer?	
Have you ever applied to this company before?		When?

Education History

Name & Location of School	Years Attended	Did you Graduate?	Subject Studied
High School			
College			
Trade or Business School			

General Information

Subjects of Special Study/ Special Training/Skills
U.S. Military or Naval Service

Former Employers List Below Last Four Employers, Starting With Last One First

Date Month and Year	Name and Address of Employer	Phone Number	Salary	Position	Reason For Leaving
From _____ To _____					
From _____ To _____					
From _____ To _____					
From _____ To _____					

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							

References Give Below the Names of Three Persons Not Related to you, Whom you have known at Least one Year

Name	Address	Phone Number	Business	Years Known

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (AFA) and other relevant federal and state laws.”

Date _____

Signature _____