



**PRE-EMPLOYMENT DRUG SCREENING IS REQUIRED \*\*NO EXCEPTIONS!\*\***

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

DATE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ SEX M F  
Last First Middle

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip

PERMANENT ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ OWN \_\_\_\_\_ RENT \_\_\_\_\_

D. L. NO. \_\_\_\_\_ STATE \_\_\_\_\_ NUMBER OF ACCIDENTS IN THE LAST 3 YEARS \_\_\_\_\_  
 NUMBER OF DU'I'S \_\_\_\_\_ NUMBER OF OUTSTANDING TICKETS \_\_\_\_\_

MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ WIDOWED \_\_\_\_\_ DIVORCED \_\_\_\_\_ SEPERATED \_\_\_\_\_

NUMBER OF CHILDREN \_\_\_\_\_ DEPENDENTS OTHER THAN WIFE/CHILDREN \_\_\_\_\_ CITIZEN OF USA YES NO

IF RELATED TO ANYONE IN OUR EMPLOY, REFERRED BY  
 STATE NAME AND DEPARTMENT \_\_\_\_\_

CRIMINAL HISTORY : HAVE YOU EVER BEEN ARRESTED OR CHARGE WITH A CRI ME? IF SO,PLEASE EXPLAIN:  
 \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? WHERE WHEN \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

WHAT FOREIGN LANGUAGES

DO YOU SPEAK FLUENTLY?

READ

WRITE

US MILITARY OR

PRESENT MEMBERSHIP IN

NAVAL SERVICE

RANK

NATIONAL GUARD OR RESERVES

ACTIVITIES OTHER THAN RELIGIOUS

(Civic, Athletic, Fraternal, Etc.)

EXCLUDE ORGANIZATIONS AME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

**REFERENCES:** Give below the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year

NAME	ADDRESS & PHONE NO.	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**PHYSICAL RECORD - \* JOB REQUIRES HEAVY LIFTING \***

HEIGHT

WEIGHT

LIST ANY PHYSICAL DEFECTS

WERE YOU EVER INJURED?

GIVE DEATAILS

HAVE YOU ANY DEFECTS IN HEARING?

IN VISION?

IN SPEECH?

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

DATE

SIGNATURE

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY

REMARKS

NEATNESS

CHARACTER

PERSONALITY

ABILITY

HIRE

FOR DEPT.

POSITION

WILL

REPORT

SALARY

WAGES

APPROVED 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

**FORMER EMPLOYERS:** List Below Last Four Employers, Starting With Last One First

NAME OF COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
DATE STARTED \_\_\_\_\_ DATE LEFT \_\_\_\_\_  
POSITION \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING: (GIVE DETAILS) \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
DATE STARTED \_\_\_\_\_ DATE LEFT \_\_\_\_\_  
POSITION \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING: (GIVE DETAILS) \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
DATE STARTED \_\_\_\_\_ DATE LEFT \_\_\_\_\_  
POSITION \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING: (GIVE DETAILS) \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
DATE STARTED \_\_\_\_\_ DATE LEFT \_\_\_\_\_  
POSITION \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING: (GIVE DETAILS) \_\_\_\_\_

**DISCLOSURE TO EMPLOYMENT APPLICANT  
REGARDING PROCUREMENT OF A  
MOTOR VEHICLE & CRIMINAL REPORT**

In connection with your application for employment, we may procure a Motor Vehicle Report & Criminal Record Report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision, we will provide you a copy of the report and description in writing of your rights under the Federal Fair Credit Reporting Act, if you so request it.

By your signature below, you hereby authorize us to obtain a motor vehicle record and/or and criminal report about you in order to consider you for employment.

APPLICANT'S NAME \_\_\_\_\_  
(PLEASE PRINT)

APPLICANT'S  
ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_