

EMPLOYMENT APPLICATION

This form should be completed **IN PENCIL**. Either printing or longhand may be used.
 ALL information you give here will be held in strict confidence.

NAME _____ Social Security No. _____ DATE _____

ADDRESS _____ PHONE _____

Street City, State Zip Code Area Code

BUSINESS ADDRESS _____ PHONE _____

Are you under 18 or over 65 years of age _____ Earnings Expected \$ _____

WORK EXPERIENCE: *(Please start with your present or last position)*

I. Firm _____ **Address** _____

Kind of business _____ Employed from _____ to _____

Title _____ Salary or Salary Range _____

Nature of work _____

Supervisory Responsibility _____ Immediate Supervisor _____

What do (did) you most like about your job? _____

What do (did) you least enjoy? _____

If you have left this job, list the reason for leaving _____

II. Firm _____ **Address** _____

Kind of business _____ Employed from _____ to _____

Title _____ Salary or Salary Range _____

Nature of work _____

Supervisory Responsibility _____ Immediate Supervisor _____

What did you most like about your job? _____

What did you least enjoy? _____

Reason for leaving _____

OTHER POSITIONS HELD:

	<u>Date</u>	<u>Earnings</u>	
a. Company b. City	a. Began b. Left	a. Start b. Leaving	Reason for Leaving
III. A. _____	_____	_____	_____
b. _____	_____	_____	_____
IV. A. _____	_____	_____	_____
b. _____	_____	_____	_____
V. A. _____	_____	_____	_____
b. _____	_____	_____	_____

Indicate by number _____ any of the above employers you do not wish contacted.

U.S. SERVICE EXPERIENCE:

Please identify type of military service in the Armed Forces of the U.S.: _____

EDUCATION: Indicate highest grade completed: Elementary 6 7 8 High School 1 2 3 4 College 1 2 3 4 5 6 7 8

List high school subjects/experience/activities that you feel would qualify you for employment _____

Class and other offices held _____

College(s) attended _____

Major fields _____

Degree(s) and year(s) obtained _____

Extra-curricular activities _____

PHYSICAL DATA:

Condition of health _____

What physical handicaps or limitations do you have that would affect job performance? _____

ACTIVITIES: (do not include racial, religious or nationality groups)

List membership in trade or service organizations _____

List hobbies or interests _____

OBJECTIVES:

What are your qualifications for a more responsible position? _____

Regardless of your present salary, what income would you need to enable you to live, as you would LIKE to live? (This relates to type of housing and general living conditions you may desire ultimately; your response will not be construed as dissatisfaction with your present salary) _____

What are your plans for the future? _____

BACKGROUND INFORMATION: (Some positions require a Criminal Background and/or Driving Record check)

Have you ever been convicted of a criminal offense (Felony or Misdemeanor)? Yes or No
If yes, please explain

In the last 5 years have you been involved in an accident or convicted of a traffic offence. Yes or No
If yes, please explain

I hereby consent to undergo a physical examination by a physician appointed by The Company, at Company expense, should such an examination be requested. _____ (Applicant's signature)

(Signature in ink) Thanks