



APPLICATION FOR EMPLOYEMENT

Date _____ Social Security Number _____ Position applied for _____

Name _____ Telephone _____

Address _____

City _____ Zip _____ Birthdate _____

Is there a personal responsibility or problem which might prevent you from coming to work everyday? Yes or No

Have you any other income? Yes or No

Are you a U.S. Citizen? Yes or No

Education: High School Graduate? Yes or No

College Graduate? Yes or No

Years of College? _____

Degrees earned? _____

Other training or education _____

Branch of armed forces? _____ Length of duty? _____ Reserve status _____

Have you a friend or relative working here? _____

Have you applied for a position at our office before _____

Physical Record:

Have you had major hospitalization or Doctor's care in the past 5 year? Yes or No

If yes for

whatailment? _____

Have you ever received treatment for a mental or nervous problem? Yes or No

If yes for what

ailment? _____

Last Place Employed:

Name of Employer _____ Address _____

City _____ State _____ Zip _____

Employed from _____ to _____ Total time worked _____

Rate of pay start \$ _____ final \$ _____

Specify nature of work and skills acquired _____

Reason for leaving _____

Second to Last Place Employed:

Name of Employer _____ Address _____
City _____ State _____ Zip _____
Employed from _____ to _____ Total time worked _____
Rate of pay start \$ _____ final \$ _____
Specify nature of work and skills acquired _____
Reason for leaving _____

Third to Last Place Employed:

Name of Employer _____ Address _____
City _____ State _____ Zip _____
Employed from _____ to _____ Total time worked _____
Specify nature of work and skills acquired _____
Reason for leaving _____

Give name and address of person to be notified in case of emergency:

Name _____ Relationship _____ Phone _____
Address _____
City _____ Zip _____

Date you can start _____ Salary required _____

I hereby make application for employment. These questions are being answered by me truthfully without reservation or concealment of facts. I agree if engaged to comply with the rules of the house and if asked will participate in a polygraph examination. It is understood and agreed that when my services terminate for any reason salary due will be prorated according to my weekly salary up to that time and paid on the next scheduled payroll day.

Signature _____

Goals:

Position desired: first choice _____ second choice _____
What are your salary requirements per month? _____ Ultimate salary goal ? _____
Why have you chosen our company for a career ? _____

Are there any other experiences special skills or qualifications which you feel would especially fit you for work with this company ?

What has been your most interesting work ? _____

What has made it interesting to you ? _____

What are your ambition in life ? _____

Are you open to traveling away form home to attend continuing education seminars ? _____

Other information you may want to
submit: _____
