



Application for Employment

Equal Opportunity Employer



First Name: _____ Last Name: _____ Middle Name: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

POSITION(S) APPLIED FOR?

- Counter Sales
- Outside Sales
- Warehouse
- Delivery Driver
- Truck Driver
- Other
(Specify): _____

WHO REFERRED YOU?

- Self
- Employment Agency
- Job Service
- Customer
- Employee
(Name): _____
- Other
(Specify): _____

Are you related to anyone presently employed by us?

- Yes No

If Yes: _____
(Name)

(Relationship)

Type of Work Desired

- Full-Time
- Part-Time
- Temporary

Are You over 17 and under 70?

- Yes No

Date Available

Date Applied

Are You a U.S. Citizen?

- Yes No

If not, do you have a Visa permitting you to work?

- Yes No

Salary Expected: _____

Experience/Education: _____

Do you have any physical or mental conditions which may limit your ability to perform the job for which you are applying?

- Yes No

If yes, please describe: _____

EMPLOYMENT RECORD AND REFERENCES

IMPORTANT - List all employment whether or not it seems relevant to position applied for. If lapses occurred between periods of employment, give dates of and reason for unemployment. **All information should be included even if a resume is attached.**

PRESENT OR LAST EMPLOYER

Name of Employer: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

Employment Dates (mo. & yr)	Title of Position	Number of people supervised
From: _____ To: _____	_____	_____

Name and Title of immediate Supervisor: _____	Starting Salary: _____	Final Salary: _____
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May we contact your current employer? Yes No

Description of duties

NEXT PREVIOUS EMPLOYER

Name of Employer: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

Employment Dates (mo. & yr) From: _____ To: _____	Title of Position _____	Number of people supervised _____
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Name and Title of immediate Supervisor: _____	Starting Salary: _____	Final Salary: _____
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May we contact your current employer? Yes No

Description of duties

NEXT PREVIOUS EMPLOYER

Name of Employer: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

Employment Dates (mo. & yr) From: _____ To: _____	Title of Position _____	Number of people supervised _____
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Name and Title of immediate Supervisor: _____	Starting Salary: _____	Final Salary: _____
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May we contact your current employer? Yes No

Description of duties

ADDITIONAL DETAILS

Please list any additional information or business activities in which you are now engaged which you believe would be helpful to us.

Were you ever discharged or asked to resign? Yes No If yes, state reasons fully

EDUCATION

Name of School	Address (City/State)	From (Mo./Yr.)	To (Mo./Yr.)	Did you graduate?	Degrees Earned	Major
High School: _____	_____	_____	_____	_____	_____	_____
College/Univ: _____	_____	_____	_____	_____	_____	_____
College/Univ: _____	_____	_____	_____	_____	_____	_____
Tech School: _____	_____	_____	_____	_____	_____	_____

List other educational activities or expertise

PERSONAL REFERENCES

Give names and addresses of two persons who are well acquainted with your ability and character, but are not relatives or former employers.

Name	Complete Address	Occupation	Phone	Yrs Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____