PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY #		
CURRENT ADDRESS	CITY		STATE	ZIP CODE
PHONE #	EMAIL	HOW DID YOU HEAR OF US?		
ARE YOU A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE U.S.?				

EMPLOYMENT DESIRED

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED	HOURS PER WEEK DESIRED
ARE YOU CURRENTLY EMPLOYED? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? IF SO, WHEN?			

EDUCATION HISTORY

TYPE	NAME & LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED (IF APPLICABLE)
HIGH SCHOOL				
COLLEGE				
TRADE/ BUSINESS/ CORRESPONDENCE SCHOOL				

SKILLS/TRADES *(note any special skills or qualifications you have that apply to the desired position)*

EMPLOYMENT HISTORY *(use back of sheet if necessary)*

START DATE/ END DATE	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
/				
/				
/				

PROFESSIONAL REFERENCES
(give information for 3 people whom you have known for at least a year on a professional level)

NAME	PHONE #	PROFESSIONAL RELATIONSHIP	YEARS KNOWN

AUTHORIZATION

I certify that the information contained in this application is true and complete to the best of my knowledge and understand that, falsified or omitted information on this application or on any document submitted to secure employment can be grounds for rejection of application or, if employed, terms for my immediate dismissal from the company.

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. I also understand that if I am employed, my employment is not definite and can be terminated at any time, either with or without prior notice, by either me or the company.

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 (ADA) and other relevant federal and state laws.

_____   _____
SIGNATURE OF APPLICANT   DATE