

# EMPLOYMENT APPLICATION EQUAL OPPORTUNITY EMPLOYER

## PERSONAL DATA

Name	Last	First	Initial	Telephone No.
Present Address	Street & No.	City	State	Zip Code
Period of Residence				
Previous Address	Street & No.	City	State	Zip Code
Social Security Number	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Referred by	
Position Applying For	Years experience in this work	Salary or expected wage	Date Available	
Do you have relatives already employed by this company? If so, give their names.				Do you object to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No

## EDUCATIONAL DATA

Type of School	Name and Address of School	Major	Number of years attended	Graduated Yes	No	Degree(s) Received
High or Prep School						
College						
Graduate School Beyond 4 Years College						
Other Schooling or Courses of Instruction						
Office Experience – check any of the following in which you have had training or experience:						
<input type="checkbox"/> Typing	WPM _____	<input type="checkbox"/> Secretarial	<input type="checkbox"/> Transcribing Machine	<input type="checkbox"/> Administrative		
<input type="checkbox"/> Shorthand	WPM _____	<input type="checkbox"/> Clerk Typist	<input type="checkbox"/> Statistical Typing	<input type="checkbox"/> Typing Pool		
List any special training or experience you have had:						
List any course of study you are currently pursuing:						

## REFERENCES (Do not include relatives)

Name	Phone No.	Occupation	How Long Known?
Name	Phone No.	Occupation	How Long Known?
Name	Phone No.	Occupation	How Long Known?

## NOTE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION


**WORK HISTORY**  Check here if you do not wish your present employer to be contacted at this time.

Name and Address of Employer (list most recent first) Name of Immediate Supervisor	Total Mo. Earnings		Job Title And Principal Duties	Length Serv. (month & year)		Reason for Leaving
	First	Last		From	To	

**MILITARY EXPERIENCE**

Have you ever served in the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nature of Work Performed
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**BUSINESS ORGANIZATIONS TO WHICH YOU BELONG** (Do not list religious, racial, foreign or nationality groups)

Name of Organization	Nature of Activity	Active	
		From	To

Have you ever been convicted of, or pled guilty to, or no contest to, any offence other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.  
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.  
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date