

APPLICATION FOR EMPLOYMENT

IMPORTANT

PLEASE READ AND SIGN BEFORE FILLING OUT THIS APPLICATION

This company is an equal opportunity employer. We do not discriminate in employment practices or opportunities.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. Any false or misleading information given here is cause for immediate dismissal without any recourse.

I understand the above information and permission is hereby given to make any necessary inquiries.

SIGNATURE _____

DATE _____

PLEASE PRINT

Personal Data

NAME: _____
First Middle Last

ADDRESS: _____
(Number) (Street) (Telephone Number)

(City) (State) (Zip Code) (Social Security Number)

PREVIOUS ADDRESS: _____
(Number) (Street) (City) (State)

POSITION APPLYING FOR: _____ DATE AVAILABLE _____ SALARY EXPECTED _____

PLEASE ANSWER EVERY QUESTION:

EMPLOYMENT RECORD

Starting with PRESENT or MOST RECENT, list all previous employers. List only employer located within the United States. Include self-employment, summer and part-time jobs.

If you are now employed, may we contact your present employer? _____ Yes _____ No

1. Company Name: _____ Date Employed: From _____ To _____

Address: _____

Job Title: (describe what you did and equipment used) _____

Supervisor: _____ Reason for leaving: _____

2. Company Name: _____ Date Employed: From _____ To _____

Address: _____

Job Title: (describe what you did and equipment used) _____

Supervisor: _____ Reason for leaving: _____

U. S. Military Data

Present classification _____ Branch of Service _____

Special Training _____ Date of Discharge _____

EDUCATION

	Name	Address	City	State	Mo. & Yr.		Grad	Avge	Major
					From	To			
High School	_____								
College	_____								
Other	_____								

If college graduate, list degree received _____ Major _____ -Minor _____

List of scholastic honors in school: _____

Are you planning to pursue further studies? _____ Yes _____ No _____ Day school _____ Night School

If so, when and what courses: _____

Were you previously employed by us? _____ Yes _____ No _____ If yes, when? _____

List two persons well acquainted with you during the past few years and NOT related to you.

Name	Address	City	State	Phone No.	Occupation	Yrs. Known

PHYSICAL HISTORY

List any physical limitations which may preclude you from performing the type of work you are applying for _____

Are you physically capable of heavy manual work? Yes _____ No _____

Have you ever injured your back? Yes _____ No _____

If yes, explain _____

Date of last Physical Examination _____ Name of Doctor _____

Ever injured on the job? Nature and Degree of injury _____

Have you ever recieved Workers' Compensation Benefits? _____ When _____

Explain _____

How much time lost from work in past three years due to illness? _____

IF APPLYING FOR POSITION REQUIRING DRIVING OF A COMPANY VEHICLE, PLEASE COMPLETE THE FOLLOWING:

Date of Birth: _____

DRIVER'S LICENSES

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING EXPERIENCE

Type of Equipment	Dates		Approx. No. of Miles
	From	To	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENT RECORD (list all accidents for the past three years)

Date	(Head On, Rear End, Upset, Etc.)	Were you at fault? Yes _____ No _____
_____	_____	Were you at fault? Yes _____ No _____
_____	_____	Were you at fault? Yes _____ No _____

TRAFFIC VIOLATIONS & CONVICTIONS (last three years)

Date	Violation	State
_____	_____	_____
_____	_____	_____

Have you ever been denied a license permit or privilege to operate a motor vehicle? Yes _____ No _____

If yes, provide information _____

Has any license permit or privilege ever been suspended or revoked? Yes _____ No _____

If yes, provide information _____