APPLICATION FOR EMPLOYMENT

(FILL IN ALL BLANKS)

Name (Last, First, Middle)					Date.	· · · · · · · · · · · · · · · · · · ·	
Address			City		State	Zip	
Felephone ()	 		Soc Sec No				
low long have you lived at this add	ress?			***			
	o you have transporta	ation?	Explain			<u>.</u>	
	What days a	1-7-2 Civil-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			What hours		
o you know anyone who works for					plied with this compa		
arents Full Name and Address:							
ather's Occupation	<u> </u>		Mother's Occu	pation			
			p, please explain				
			To Branch of Service				
ies Rank or rating at time of enlisting		Rating at time of discharge					
there any additional information in			ed name that will pe	 ermit us to	check your work rec	ord	
yes, please explain,	• • •		,		·		
good attendance record is an imp	ortant part of every	employees overall pe	erformance. Do yo	u know of	any reason you may	y not be able to comply	
ith an attendance policy? If so, p		. ,	·		, ,	,	
an an anomalise pensy. wee, p		EDUC	TION			********	
		EDUCA				- I	
CHOOL Date-Mo/Yr From To	Name of School		City		Courses	Did you graduate?	
High							
College							
Other	 .						
	List <u>ALL</u> prev	EXPER Enter Currer ious employment.	nt Job First)	e if neces	sary		
Name/Address of Company	Date-Mo/Yr	Date-Mo/Yr List of Dutie		arting	Total Ending	Reason for	
	From To		Annual	Comp	Annual Comp	Leaving	
						. <u>.</u>	
		<u> </u>					
	PREV	IOUS EMPLOYN	MENT REFERE	NCES			
		iate Supervisors N					
Name Address			Phone			Occupation	
		· · · ·	· · · · · · · · · · · · · · · · · · ·				
<u> </u>		.		·			
	<u> </u>		·		<u> </u>		
I agree that all the information I have give y: Civil Rights Act of 1964, the Age Discrimir itizenship or "intended citizenship". I Understand and agree, if I am hired, I will employment shall exist. I give this company approval to pursue any	nation Employee Act and State on a probation period for	atute prohibiting discriminar	ation because of race, or	olor, religion, ed such empl	sex, national origin, hand	licap, age or on the basis of of either party and no contract	
l be reason for my immediate dismissal fron	n this company. I hereby re	lease all such former emp	loyers, persons, firms of	r corporations	s from any liability whatsoe	ever arising out of the disclosi	

Applicant Signature _____ Interviewer Signature _____ Date:

I understand what this investigation may include and I hereby authorize the release of documents and personal interviews with third parties, such as prior employers, family members business associates, financial sources, friends, neighbors or others with whom I am acquainted. It is understood that, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical, substance abuse, or other, as may by required by the company. The company will pay the reasonable cost of any such examination which may be required.

of any information relating to my employment. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, employment

and education background, and criminal record, whichever may be applicable.