

FOR OFFICE USE ONLY
 Dept. _____
 Occupation _____
 Occ. No. _____
 Rate _____

Application for Employment

FOR OFFICE USE ONLY
 Application Filed _____
 Application Accepted _____
 Clock No. _____
 Start Date _____

“An Equal Opportunity Employer”

Date _____

Name in Full _____ (PLEASE PRINT NAME) Social Security A/C NO. _____

Present Address _____ Phone { Own/Nabor } _____

City _____ Unit No. _____ State _____

Citizen of U.S. ? _____

Date of Birth _____ Height _____ Weight _____ Sex _____

What Physical defects have you? _____

Married Single Divorced Separated Widowed

How Many Persons do you Support? Wife _____ Children _____ Others _____

Have you any “sideline” business interests? _____ Explain _____

Do you own your home? _____ Do you own other Real Estate? _____ Do you own Automobile? _____

Kind of work desired _____ Wages Expected _____ Per Hour

Previously employed here? _____ From _____ To _____ Dept. _____

Have You Any Relatives or Friends in Our Employ?
 { Name _____ Relationship _____
 { Name _____ Relationship _____

In Case of Accident Notify _____ Phone _____

Address _____ City _____ State _____

EDUCATION	Name and Location of School	No. of Years Attended	Course of Study		Did You Graduate?	Date of Leaving	
			General	Special		Mo.	Yr.
Grammar School							
High School							
Night School							
Correspondence Sch.							
College or University							

Have you served an apprenticeship? _____ How long? _____ Trade? _____
 Where served? _____ When served? _____

Mechanical Experience _____

EMPLOYMENT HISTORY:- Give Names and Addresses of ALL Previous Employers (including civil service)

If you are now working, present employer and reason for desire to quit must be included.
 Also give reason for lapse of time where a period of termination of one place of employment does not fit into the next place of employment.

Employers Name and Address	Kind of Work	Wages Per Hour	Date Started	Date Left	Reason for Leaving

NOTE: IT IS UNDERSTOOD THAT FALSE STATEMENTS ON THIS APPLICATION MAY BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

The use of this blank does not indicate there are any positions open and does not in any way obligate this Company.

Witness _____ Sign Here _____
Signature of Applicant

Additional Remarks: _____

Have you ever served in the Armed Forces of the United States? _____

State Rank and Branch of Service _____

Date of Discharge _____ Reason _____

Are you now employed? _____ Where? _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW (Yes or No) _____ Date _____ Hour _____

Result of Interview _____

Acceptable for Employment? _____ Starting Rate _____ Starting Date _____ Shift _____

Interviewed by _____ Employed by _____

Approved by _____