

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Last Name: _____, First: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____ : Work telephone: _____

Social Security#: _____

Type(s) of Work Desired: _____

Wage or Salary Required: _____ Date Available: _____

EMPLOYMENT INFORMATION

May We Contact Your Present Employer? Yes _____ No _____

Starting with present or most recent, list previous employers.

1: Name of Employer or Company: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Brief Description of Job Duties: _____

Base salary: _____ Dates worked: From _____ To _____

Reason for leaving: _____

2: Name of Employer or Company: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Brief Description of Job Duties: _____

Base salary: _____ Dates worked: From _____ To _____

Reason for Leaving: _____

PROFESSIONAL/WORK REFERENCES

List two past supervisors and one person who are not related to.

Name: _____ Phone _____

Name: _____ Phone _____

EDUCATIONAL HISTORY

High School: _____

Location (city, state): _____

Major Course or Subject: _____

Graduated: Yes _____ No _____ Degree: _____

Technical/Trade: _____

Location (city, state): _____

Major Course or Subject: _____

Dates Attended: From _____ To _____

Graduated: Yes _____ No _____ Degree: _____

GENERAL INFORMATION

Professional memberships, certificates, or licenses held

Job Related Skills

List Other Shop/Production Skills:

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or permission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Signature _____ Date: _____

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose. Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.