

Personal

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NO.		
ADDRESS	Street - Apt. No.	City	State	Zip Code	PHONE (Area Code and Number)

WHO SHOULD BE NOTIFIED IN CASE OF EMERGENCY Give Name / Phone

IS YOUR CITIZENSHIP OR IMMIGRATION STATUS SUCH THAT YOU CAN LAWFULLY WORK IN THE U.S.? YES NO

Education

SCHOOL NAME AND LOCATION	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?		G.P.A	DEGREE / MAJOR OR TOTAL HOURS
		YES	NO		
HIGH SCHOOL					
TRADE OR BUSINESS SCHOOL					
COLLEGE / UNIVERSITY					
COLLEGE / UNIVERSITY					

LIST SCHOLARSHIPS, ACADEMIC HONORS, AWARDS, MEMBERSHIPS AND ELECTED OFFICES HELD IN EXTRA-CURRICULAR SCHOOL OR PROFESSIONAL ACTIVITIES (EXCLUDE THOSE INDICATING RACE, RELIGION, AGE, SEX, SEXUAL ORIENTATION, COLOR, NATIONAL ORIGIN, HANDICAP OR VIETNAM VETERAN STATUS.)

LIST PROFESSIONAL LICENSES HELD, PATENTS, ETC., IF APPLICABLE TO POSITION APPLIED FOR.

LIST FOREIGN LANGUAGES

1. _____ READ WRITE SPEAK

2. _____ READ WRITE SPEAK

3. _____ READ WRITE SPEAK

Skills (complete if applying for clerical / secretarial position)

TYPEWRITING YES NO W.P.M. _____ SHORTHAND YES NO W.P.M. _____ DICTAPHONE YES NO
KEYPUNCH YES NO TEN KEY ADDING MACHINE YES NO CALCULATOR YES NO

LIST COMPUTER SKILLS, IF ANY:

U.S. Military Service

BRANCH OF SERVICE	FROM	TO
	Month Year	Month Year

APPLICABLE MILITARY EXPERIENCE

Experience (GIVE PRESENT OR LAST POSITION FIRST. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET)

COMPANY	ADDRESS / PHONE NUMBER	
TYPE OF BUSINESS / INDUSTRY	EMPLOYED (Month & Year) From To	MONTHLY / WEEKLY / HOURLY SALARY OR WAGE
POSITION HELD	SUPERVISOR'S NAME / POSITION	
DESCRIBE YOUR DUTIES		

MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	
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COMPANY	ADDRESS / PHONE NUMBER	
TYPE OF BUSINESS / INDUSTRY	EMPLOYED (Month & Year) From To	MONTHLY / WEEKLY / HOURLY SALARY OR WAGE
POSITION HELD	SUPERVISOR'S NAME / POSITION	
DESCRIBE YOUR DUTIES		

MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	
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TYPE OF BUSINESS / INDUSTRY	EMPLOYED (Month & Year) From To	MONTHLY / WEEKLY / HOURLY SALARY OR WAGE
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DESCRIBE YOUR DUTIES		

MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	
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ANY VERIFIED WORK PERFORMED ON A VOLUNTEER BASIS MAY BE INCLUDED IN YOUR WORK HISTORY.

LIST ADDITIONAL BUSINESS AND PERSONAL REFERENCES

NAME	ADDRESS	POSITION	PHONE

General

HAVE YOU EVER WORKED FOR THE COMPANY OR ANY OF ITS AFFILIATES?
 YES NO IF YES, WHERE AND WHEN?

POSITION HELD MANAGEMENT HOURLY STAFF

HAVE YOU EVER APPLIED FOR THE COMPANY OR ANY OF ITS AFFILIATES?
 YES NO IF YES, WHERE AND WHEN?

HOW WERE YOU REFERRED TO THE COMPANY?

COLLEGE WALK-IN MILITARY SERVICE STATE EMPLOYMENT SERVICE AD

EMPLOYMENT AGENCY EMPLOYEE INTERNET

JOB FAIR/OPEN HOUSE

OTHER _____

WHAT STARTING SALARY WILL YOU CONSIDER?

WHEN WILL YOU BE AVAILABLE FOR EMPLOYMENT?

ARE YOU WILLING TO TRAVEL?

IF YES, TO WHAT EXTENT?

ARE YOU WILLING TO RELOCATE?

LOCATION PREFERENCES / RESTRICTIONS

ARE YOU WILLING TO WORK: OVERTIME NIGHTS WEEKENDS HOLIDAYS ROTATING SHIFTS
PLEASE EXPLAIN ANY RESTRICTIONS:

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION WITHIN THE LAST SEVEN (7) YEARS.
(5 YEARS IF IN NEW HAMPSHIRE)?

YES NO IF YES, STATE OFFENSE CONVICTED FOR, COURT CONVICTED IN, DATE OF CONVICTION AND DISPOSITION OF CASE.
A RECORD OF CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT CONSIDERATION.

The information I am presenting in this application is true and correct to the best of my knowledge, and I understand that any falsification or misrepresentation herein could result in my discharge in the event I am employed by the The Company. I also authorize investigation of all statements made in this application. I understand that the The Company cannot guarantee work hours and that as business conditions dictate, I may be required to work hours other than those for which I was originally employed.

Signature of Applicant _____ Date _____

For Personnel Use Only

INTERVIEWED BY

INTERVIEWER'S SIGNATURE

DATE

EMPLOYMENT DATE

STARTING SALARY

SUPERVISOR

DEPARTMENT

COMMENTS