

Application For Employment

EE0-1
FILING
CODE

ADMINISTRATIVE USE ONLY

Date _____ 20 _____

						SOCIAL SECURITY NO.						
NAME FIRST MIDDLE LAST			TELEPHONE			ALTERNATE TELEPHONE NO.						
PRESENT ADDRESS CITY STATE ZIP CODE			HOW LONG LIVED HERE?		CELL PHONE NO.							
PREVIOUS ADDRESS CITY STATE ZIP CODE			EMAIL									
PREVIOUS ADDRESS CITY STATE ZIP CODE												
HOW DID YOU BECOME INTERESTED IN EMPLOYMENT HERE?						HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE COMPANY? IF YES, PLEASE SHOW IN EMPLOYMENT RECORD <input type="checkbox"/> Yes <input type="checkbox"/> No						
WHAT TYPE OF WORK DO YOU PREFER? (STOCK, PRODUCTION, ORDER SELECTING, CLERICAL, RETAIL SALES)				TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full Time/Permanent <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		PREFERRED HOURS						
ARE YOU COLOR BLIND? <input type="checkbox"/> Yes <input type="checkbox"/> No		DO YOU HAVE ANY PHYSICAL, MENTAL OR MEDICAL IMPAIRMENT OR DISABILITY THAT WOULD LIMIT YOUR JOB PERFORMANCE FOR THE POSITION FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> Yes <input type="checkbox"/> No										
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF NOT, WHAT TYPE OF VISA DO YOU POSSESS?		DATE OF ISSUANCE		CARD NUMBER	PLACE OF ISSUANCE					
HAVE YOU EVER RECEIVED WORKER'S COMPENSATION? IF YES, EXPLAIN DETAILS <input type="checkbox"/> Yes <input type="checkbox"/> No				HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No								
EMPLOYMENT HISTORY BE SURE YOUR EMPLOYMENT RECORD ACCOUNTS FOR ALL TIME SINCE LEAVING SCHOOL			Please fill in your availability		M	T	W	T	F	S	S	Availability: Total hours available per week _____
				FROM								
				TO								
GIVE COMPANY NAME OF LAST OR PRESENT EMPLOYER			ADDRESS			CITY		STATE				
DATE STARTED (MONTH & YEAR)		DATE LEFT (MONTH & YEAR)		PAY RATE	POSITION HELD		NAME OF SUPERVISOR			PHONE NO.		
PREVIOUS EMPLOYER			ADDRESS			CITY		STATE				
DATE STARTED (MONTH & YEAR)		DATE LEFT (MONTH & YEAR)		PAY RATE	POSITION HELD		NAME OF SUPERVISOR			PHONE NO.		
PREVIOUS EMPLOYER			ADDRESS			CITY		STATE				
DATE STARTED (MONTH & YEAR)		DATE LEFT (MONTH & YEAR)		PAY RATE	POSITION HELD		NAME OF SUPERVISOR			PHONE NO.		
PREVIOUS EMPLOYER			ADDRESS			CITY		STATE				
DATE STARTED (MONTH & YEAR)		DATE LEFT (MONTH & YEAR)		PAYRATE	POSITION HELD		NAME OF SUPERVISOR			PHONE NO.		

The company is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, Religion, sex, national origin, age, individual Handicap or Veteran status.

It is our custom to inquire for further details at the schools you indicate. It will be helpful in identifying your record if you will give as accurate information as possible on dates, degrees, and (if a married woman applicant) your name while attending the school.

EDUCATION RECORD	NAME OF SCHOOL		LOCATION	MAJOR COURSE OF STUDY	YEARS ATTENDED FROM	YEARS ATTENDED TO	DID YOU GRADUATE?	DEGREE
	HIGH SCHOOL(S)							
	COLLEGE(S)							
	BUSINESS TRADE OR TECHNICAL SCHOOL							
	ARE YOU NOW ATTENDING ANY SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No		SPECIAL ABILITIES THAT SUPPORT YOUR EMPLOYMENT INTEREST		SCHOOL HONORS		GRADE AVERAGE (LETTER) Major _____ Overall _____	
	SCHOOL ACTIVITIES			IN WHAT SUBJECTS DID YOU MAKE YOUR BEST GRADES				
HOBBIES, AND SKILLS (TYPING, SHORTHAND, ART, MECHANICAL, WOODWORKING, PHOTOGRAPHY, ETC.)								
IMMEDIATE FAMILY	NAME			ADDRESS				
	FATHER							
	MOTHER							
	HUSBAND OR WIFE							
	BROTHERS OR SISTERS							
	IN CASE OF EMERGENCY CONTACT:							
PERSONAL REFER.	NAME (Do not give names of former employers or relatives)		STREET AND NUMBER	CITY AND STATE	OCCUPATION	PHONE		

PERSONNEL DEPT.	<i>THIS SPACE FOR USE OF PERSONNEL DEPARTMENT</i>			Have you signed a secrecy agreement in favor of a previous employer? _____ If so, give name of employer _____
	PLACEMENT RECORD			Are you under any obligation to a previous employer through a secrecy and invention agreement or otherwise restricting employment with a competitive firm? _____
	DATE	BRANCH		In the event I become an employee of the company, or any of its subsidiaries, I agree in consideration of such employment, to disclose fully all ideas, designs, inventions, developments, new processes, or improvement of existing ideas or processes which I may originate, develop, or discover during my employment. I further agree that I will not, directly or indirectly, disclose to any competitor any process, design, trade secret, or other information during such employment or within two years following termination of my employment, nor will I, directly or indirectly, accept employment or compensation from any competitor of the company during such employment or within two years following termination of my employment.
	DEPARTMENT		SHIFT	
CLASSIFICATION				
I authorize investigation of all statements in this application. I understand misrepresentation or omission of facts called for, is cause for dismissal.				Date _____ Signature _____