

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

| | | | | |
|--------------------------------------|---|--|--|--|
| P E R S O N A L | Last Name _____ First _____ Middle _____ | | | Date _____ |
| | Street Address _____ | | | Home Phone () — |
| | City, State, Zip _____ | | | Business Phone () — |
| | Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____ | | | Social Security No. _____ |
| | Position Desired _____ | | | Pay Expected _____ |
| | Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____ | | | Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Are you legally eligible for employment in the United States? | | | When will you be available to begin work? _____ |
| | Other special training or skills (languages, machine operation, etc.) _____ | | | |
| | How did you learn of our organization? _____ | | | |

| E D U C A T I O N | SCHOOL | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE? | DEGREE OR DIPLOMA |
|---|------------|-----------------------------|-----------------|------------------------|---|-------------------|
| | College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | High | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Elementary | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Other | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|
| MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS <i>(Exclude those which may disclose your race, color, religion or national origin)</i> |
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| |

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

| | | |
|---|---|---|
| 1 | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work _____ | Reason for Leaving |

| | | |
|---|---|---|
| 2 | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work _____ | Reason for Leaving |

| | | |
|---|---|---|
| 3 | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work _____ | Reason for Leaving |

| | | |
|---|---|---|
| 4 | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work _____ | Reason for Leaving |

| | | |
|---|---|---|
| 5 | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work _____ | Reason for Leaving |

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number (s) _____ Reason _____