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| <h1 style="margin: 0;">EMPLOYMENT</h1> | Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employment. |
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|   |   |   |
|---|---|---|
| 1 | Company   | Telephone<br>(    )                         |
|   | Address   | Employed (month-year)<br>From            To |
|   | Name of Supervisor                              | Weekly Pay<br>Start            Last         |
|   | State Job title and Describe Your Work<br>_____ | Reason for Leaving:                         |

|   |   |   |
|---|---|---|
| 2 | Company   | Telephone<br>(    )                         |
|   | Address   | Employed (month-year)<br>From            To |
|   | Name of Supervisor                              | Weekly Pay<br>Start            Last         |
|   | State Job title and Describe Your Work<br>_____ | Reason for Leaving:                         |

|   |   |   |
|---|---|---|
| 3 | Company   | Telephone<br>(    )                         |
|   | Address   | Employed (month-year)<br>From            To |
|   | Name of Supervisor                              | Weekly Pay<br>Start            Last         |
|   | State Job title and Describe Your Work<br>_____ | Reason for Leaving:                         |

|   |   |   |
|---|---|---|
| 4 | Company   | Telephone<br>(    )                         |
|   | Address   | Employed (month-year)<br>From            To |
|   | Name of Supervisor                              | Weekly Pay<br>Start            Last         |
|   | State Job title and Describe Your Work<br>_____ | Reason for Leaving:                         |

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| We may contact the employers listed above unless you indicate those you do not want us to contact. | <b>DO NOT CONTACT</b>                          |
|  | Employer Number(s) _____ Reason _____<br>_____ |

|                 |  |                       |
|-----------------|--|-----------------------|
| <b>MILITARY</b> | Did you serve in the U.S. Armed Forces?      Yes      No | If "Yes" what Branch? |
|-----------------|--|-----------------------|

Describe any training received relevant to the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS MARKED**

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

|                          |  |                               |  |
|--------------------------|--|-------------------------------|--|
| <input type="checkbox"/> | Provide dates you attended school:   | Elementary                    | Number of Dependents, including yourself                                       |
|                          | High School  | From:      To:                | <input type="checkbox"/> _____   |
|                          | From                      To:  | College                       | Are you a Vietnam Veteran?   |
|                          | Other (give name and dates)  | From                      To: | <input type="checkbox"/> Yes                      No                           |
| <input type="checkbox"/> | Marital Status   |                               | Sex  |
|                          | Single      Engaged      Married   |                               | <input type="checkbox"/> Male                      Female                      |
|                          | Separated      Divorced      Widowed   |                               | Date of Marriage   |
| <input type="checkbox"/> | What was your previous address?  |                               | <input type="checkbox"/> _____   |
|                          |  |                               | Are you a U.S. Citizen?  |
| <input type="checkbox"/> | How Long at present address?   |                               | <input type="checkbox"/> _____ Years   |
|                          | How long at previous address?  |                               | <input type="checkbox"/> _____ Years   |
| <input type="checkbox"/> | Have you ever been bonded?                      Yes                      No  |                               | Are you over 18 years of age? Yes No   |
|                          | If "Yes," with what employers?   |                               | <input type="checkbox"/> If not, employment is subject to verification of age. |
| <input type="checkbox"/> | Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?      Yes                      No                      If "Yes," describe in full. |                               |  |
| <input type="checkbox"/> | State names of relatives and friends working for us, other than your spouse.   |                               |  |

|   |   |           |
|---|---|-----------|
| S<br>I<br>G<br>N<br>A<br>T<br>U<br>R<br>E | The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.   |           |
|   | I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.   |           |
|   | If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report. |           |
|   | Date  | Signature |

FOR EMPLOYER'S USE ONLY

|  |          |                  |         |
|--|----------|------------------|---------|
| R<br>E<br>F<br>E<br>R<br>E<br>N<br>C<br>E<br><br>C<br>H<br>E<br>C<br>K | Employer | Person Contacted | Results |
|  | 1        |                  |         |
|  | 2        |                  |         |
|  | 3        |                  |         |
|  | 4        |                  |         |

|   |                   |           |        |                       |
|---|-------------------|-----------|--------|-----------------------|
| T<br>E<br>S<br>T<br><br>R<br>E<br>S<br>U<br>L<br>T<br>S | Test Administered | Raw Score | Rating | Analysis and Comments |
|   |                   |           |        |                       |
|   |                   |           |        |                       |
|   |                   |           |        |                       |
|   |                   |           |        |                       |

|  |                               |
|--|-------------------------------|
| I<br>N<br>T<br>E<br>R<br>V<br>I<br>E<br>W<br><br>R<br>E<br>S<br>U<br>L<br>T<br>S | Interviewer Name and Comments |
|  |                               |
|  |                               |