

ASSOCIATE APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

Date Social Security Number

Name Last First Middle Other Names Used

Present Address Street City State Zip Code

Permanent Address Street City State Zip Code

Phone Number () -

Referred By Are you 18 years of age or older? Yes No

Have you ever been convicted of a felony?
If yes, describe nature of crime, date and place of conviction, and disposition of case:

EMPLOYMENT DESIRED

Position Date you can start Salary Desired

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Ever applied to this company before? Yes No Where? When?

Days and hours available (specify times):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days							
Nights							

EDUCATION

Name and Location of School Circle Last Year Completed Did You Graduate? Subjects Studied and Degree(s) Received

Grammar School			Yes <input type="radio"/>	
			No <input type="radio"/>	
High School		1 2 3 4	Yes <input type="radio"/>	
			No <input type="radio"/>	
College		1 2 3 4	Yes <input type="radio"/>	
			No <input type="radio"/>	
Trade, Business, Correspondence School		1 2 3 4	Yes <input type="radio"/>	
			No <input type="radio"/>	

GENERAL

Subjects of Special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

Activities Other Than Religious (Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

FORMER EMPLOYERS

List below your last four employers, starting with the last one first.

Date Mo. & Yr.	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving	Immediate Supervisor
From					
To					
From					
To					
From					
To					
From					
To					

REFERENCES

List Below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1.			
2.			
3.			

AUTHORIZATION

I authorize investigation on all statements contained in this application, including a background check into employment history, educational verification, and any felony convictions.

I understand that these investigations are conducted by an independent agent or outside agency.

By signing this document below, I am releasing any and all persons, companies, or others from any liability whatsoever for this purpose.

Further, I understand that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date: _____ Signature: _____

In Case of Emergency Notify:

Name

Address

Phone Number