

# APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

S.S. # \_\_\_\_\_

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70. TITLE I employment provisions of the AMERICANS WITH DISABILITIES ACT of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures.

## PERSONAL INFORMATION

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE UNITED STATES?  YES  NO. ARE YOU 18 YEARS OR OLDER?  YES  NO

POSITION APPLIED FOR \_\_\_\_\_ REFERRED BY \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE?  YES  NO. IF YES, WHEN? \_\_\_\_\_

WOULD YOU PREFER TO WORK  FULL TIME  PART TIME  TEMPORARY DATE AVAILABLE \_\_\_\_\_

ARE YOU EMPLOYED NOW?  YES  NO. SALARY DESIRED \_\_\_\_\_ PHONE: \_\_\_\_\_

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE EMPLOYMENT?  YES  NO.

MAY WE CONTACT THE EMPLOYERS LISTED BELOW?  YES  NO. IF NOT, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT. \_\_\_\_\_

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING, MACHINE OPERATIONS, HOBBIES, LANGUAGES, ETC.

U.S. ARMED FORCES  YES  NO. IF YES, BRANCH \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS?  YES  NO. IF YES, PLEASE EXPLAIN:

\_\_\_\_\_ (CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FOR EMPLOYMENT)

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ (NAME)

\_\_\_\_\_ (ADDRESS) \_\_\_\_\_ (PHONE)

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
GRAMMAR SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	



LAST

FIRST

MIDDLE

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

<b>1</b>	EMPLOYER		DATES EMPLOYED		DUTIES
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
			STARTING	FINAL	
	JOB TITLE	SUPERVISOR			
	REASON FOR LEAVING				
<b>2</b>	EMPLOYER		DATES EMPLOYED		DUTIES
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
			STARTING	FINAL	
	JOB TITLE	SUPERVISOR			
	REASON FOR LEAVING				
<b>3</b>	EMPLOYER		DATES EMPLOYED		DUTIES
			FROM	TO	
	ADDRESS				
	TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
			STARTING	FINAL	
	JOB TITLE	SUPERVISOR			
	REASON FOR LEAVING				

**REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

NAME AND ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED
NAME			
STREET ADDRESS	CITY	STATE	ZIP
NAME			
STREET ADDRESS	CITY	STATE	ZIP
NAME			
STREET ADDRESS	CITY	STATE	ZIP

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE 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.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

HIRED  YES  NO POSITION: \_\_\_\_\_ DATE REPORTING FOR WORK: \_\_\_\_\_ SALARY WAGES: \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

THIS EMPLOYMENT APPLICATION FORM WAS DESIGNED TO COMPLY WITH FEDERAL AND STATE EMPLOYMENT LAWS GOVERNING DISCRIMINATION IN EMPLOYMENT. THIS APPLICATION FORM IS MADE FOR GENERAL USE AND DISTRIBUTION IN THE UNITED STATES, AND THE MANUFACTURER CANNOT ASSUME RESPONSIBILITY FOR THE INCLUSION IN THIS FORM OF ANY QUESTIONS BY THE EMPLOYER WHICH MAY BE AT VARIANCE WITH APPLICABLE LOCAL, STATE OR FEDERAL LAWS.

DRAW A SCHEMATIC FOR A 3 WAY SWITCH

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WIRE SIZE FOR A 25 AMP A/C UNIT \_\_\_\_\_

WIRE SIZE FOR 10 KW HEAT STRIP \_\_\_\_\_

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50 HP MOTOR 230 VOLT 3 PHASE  
NO CODE LETTER TIME DELAY FUSE

FULL LOAD AMPS \_\_\_\_\_

FUSE SIZE \_\_\_\_\_

WIRE SIZE \_\_\_\_\_

CONDUIT SIZE \_\_\_\_\_