



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME: _____ DATE: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

MAILING ADDRESS: _____
STREET CITY STATE ZIP

PHONE NUMBER: _____ DATE OF BIRTH: _____ S.S.# _____

HEIGHT: _____ PLEASE CHECK ONE: MARRIED () WIDOWED () SEPARATED ()
 WEIGHT: _____ LBS. SINGLE () DIVORCED ()

NUMBER OF CHILDREN: _____ REFERRED BY: _____

IF RELATED TO ANYONE FROM H & F, STATE NAME AND DEPARTMENT: _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____ MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE: _____ WHEN: _____

EDUCATION	NAME AND LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

PHYSICAL RECORD

LIST ANY PHYSICAL DEFECTS: _____

WERE YOU EVER INJURED? _____ EXPLAIN: _____

HAVE YOU ANY DEFECT IN HEARING, VISION OR SPEECH? _____ EXPLAIN: _____

IN CASE OF EMERGENCY NOTIFY: _____

NAME ADDRESS PHONE #

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

EXPERIENCE AND QUALIFICATIONS-DRIVER

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OR MORE (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

YES _____ NO _____

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

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 WITHOUT ANY PREVIOUS NOTICE.

DATE SIGNATURE

