

Application for Employment Downtowner

PERSONAL INFORMATION			SOCIAL SECURITY # _____		
NAME _____					
PRESENT ADDRESS		LAST _____	FIRST _____	MIDDLE _____	
PHONE # _____	STREET _____	CITY _____	STATE _____	ZIP _____	
REFEREED BY _____					

EMPLOYMENT DESIRED		
POSITION _____	DATE YOU CAN START _____	SALARY DESIRED _____
ARE YOU EMPLOYED _____	IF SO, MAY WE INQUIRE _____	
EVER APPLIED TO THIS COMPANY BEFORE? _____		OF YOUR PRESENT EMPLOYER? _____
		WHEN _____

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	SUBJECT
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE OR UNIVERSITY	_____	_____	_____	_____
TRADE SCHOOL	_____	_____	_____	_____

THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

GENERAL	
Subject of special study or research work : _____	
What foreign languages do you speak fluently? _____	Read _____ Write _____
U.S. MILITARY OR NAVAL SERVICE _____	RANK _____ NATIONAL GUARD? _____

Physical Record:	
Do you have any Physical Disabilities that preclude you from performing any work for which you are being considered? _____	
Were you ever injured? _____	Give details: _____
Do you have any problems or difficulty with your hearing? Speech ? _____ Vision? _____	_____
Will You Authorize a Financial Back Round Check? _____	
In case of an emergency Notify: _____	
Name	Address
Phone	

Former Employers (List Below last four employers, starting with 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				

References:
Give below the names of three persons not related to you, whom you have known at least 3 years

	Name	Address	Business	Years Known
1				
2				
3				

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 any time without any previous notice.

Date _____ Signature _____

Do Not write below this line

Remarks: _____

Hired Date: _____ Position: _____ Wages: _____

Approved By: _____ Interviewed by: _____

This form has been designed to comply with state and federal fair employment practice laws prohibiting discrimination on the basis of an applicants sex or minority status. Question directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application.