

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY – WRITE CLEARLY – ANSWER ALL QUESTIONS

1. NAME & LOCATION			Social Security No.	
(Last Name)	(First Name)	(Middle Name)		
Current Address No. & Street	How Long There	Phone No. at Home	Phone No. for Message	
City, State, Zip Code				
Last Previous Address. (In U.S. Only) No. & Street	How Long There		Date Arrived in This State	
City, State, Zip Code				
If above addresses cover less than 5 years, give other full addresses here (in U.S. only)				

2. EMPLOYMENT DESIRED	First Choice	Experience, Yes <input type="checkbox"/> No <input type="checkbox"/>	Second Choice	Experience Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you worked for our company before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, state date left and reason	Will you accept part-time work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shift of hours you can work 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>			Will you accept temporary work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:				

3. CITIZENSHIP	
Are you a citizen of the United States?	
If not, do you intend to become a citizen?	
Do you intend to remain permanently in the United States?	
Can you, after employment, submit a birth certificate or other proof of U.S. citizenship or age?	

4. PERSONAL	
Have you any relatives employed in our company?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give names

5. CLOSE RELATIVES (Give name(s) of your husband, wife, and/or children)		
Name	Relationship	Address (in U.S. only)
		No. & Street
		City, State Zip Code

IMPORTANT! Give name and address of person to notify in case of emergency		
Name	Phone No.	No. & Street
		City, state, Zip Code