

U.S. MILITARY SERVICE

Present Classification _____

Are you a member of National or State Guard or Active Reserve? Yes No

BRANCH	DATES		RANK WHEN ENTERING	RANK WHEN DISCHARGED
	FROM	TO		

Kind of training: _____

JOB SOUGHT

Position applied for _____ Wage or salary desired: _____ Hrly. Wkly. Mthly.
(One position per application)

Type of employment desired (check one) Full-time Part-time Temporary Summer

Shift preference (check one) Day Night All

Are you willing to work overtime? Yes No Are you willing to work weekends? Yes No

Are you willing to work both day and night? Yes No

Are you willing to travel? Yes No If yes, how often?: _____

Are there any times of the day, days of the week or days during the year that you cannot work?

Times of the day: _____ Days of the week: _____ Days during the year: _____

Date available to begin work _____ If hired, how will you get to work? _____

EMPLOYMENT

Have you ever worked for the Company? Yes No If so, when _____

Have you ever before applied for work with the Company? Yes No If so, when _____

Do you intend to work anywhere else in addition to working at the Company? Yes No

If so, where? _____

Are you presently employed? Yes No Name of employer _____

Employer's address _____

Why do you wish to change jobs? _____

LIST ANY RELATIVES OR FRIENDS EMPLOYED BY THE COMPANY:

NAME	RELATIONSHIP	JOB POSITION

REFERENCES — PLEASE LIST THREE BUSINESS PEOPLE, PROFESSIONALS, OR OTHER PERSONS TO WHOM YOU COULD TURN FOR HELP.

DO NOT LIST RELATIVES, FORMER EMPLOYERS, OR EMPLOYEES OF THE COMPANY.

1.	Name	How long known	Occupation	Telephone
	Complete Address			
2.	Name	How long known	Occupation	Telephone
	Complete Address			
3.	Name	How long known	Occupation	Telephone
	Complete Address			

WORK HISTORY – PLEASE ACCOUNT FOR YOUR TIME FOR AT LEAST THE PAST TEN YEARS. BEGIN WITH PRESENT AND WORK BACKWARDS.

NAME OF PRESENT (OR MOST RECENT) EMPLOYER		EMPLOYER'S BUSINESS	
COMPLETE ADDRESS (STREET/CITY/ZIP)			TELEPHONE NO.
NATURE OF WORK			AVERAGE WORK WEEK
STARTING DATE	STARTING WAGES	LEAVING DATE	FINAL WAGES
NAME OF LAST SUPERVISOR			
GIVE DETAILS ON WHY YOU LEFT (OR PLAN TO LEAVE) THIS EMPLOYER			
GIVE REASON FOR AND LENGTH OF INACTIVITY BETWEEN ABOVE JOB AND ONE BELOW (IF APPLICABLE).			

NAME OF SECOND LAST EMPLOYER		EMPLOYER'S BUSINESS	
COMPLETE ADDRESS (STREET/CITY/ZIP)			TELEPHONE NO.
NATURE OF WORK			AVERAGE WORK WEEK
STARTING DATE	STARTING WAGES	LEAVING DATE	FINAL WAGES
NAME OF LAST SUPERVISOR			
GIVE DETAILS ON WHY YOU LEFT (OR PLAN TO LEAVE) THIS EMPLOYER			
GIVE REASON FOR AND LENGTH OF INACTIVITY BETWEEN ABOVE JOB AND ONE BELOW (IF APPLICABLE).			

NAME OF THIRD LAST EMPLOYER		EMPLOYER'S BUSINESS	
COMPLETE ADDRESS (STREET/CITY/ZIP)			TELEPHONE NO.
NATURE OF WORK			AVERAGE WORK WEEK
STARTING DATE	STARTING WAGES	LEAVING DATE	FINAL WAGES
NAME OF LAST SUPERVISOR			
GIVE DETAILS ON WHY YOU LEFT (OR PLAN TO LEAVE) THIS EMPLOYER			
GIVE REASON FOR AND LENGTH OF INACTIVITY BETWEEN ABOVE JOB AND ONE BELOW (IF APPLICABLE).			

NAME OF FOURTH LAST EMPLOYER		EMPLOYER'S BUSINESS	
COMPLETE ADDRESS (STREET/CITY/ZIP)			TELEPHONE NO.
NATURE OF WORK			AVERAGE WORK WEEK
STARTING DATE	STARTING WAGES	LEAVING DATE	FINAL WAGES
NAME OF LAST SUPERVISOR			
GIVE DETAILS ON WHY YOU LEFT (OR PLAN TO LEAVE) THIS EMPLOYER			
GIVE REASON FOR AND LENGTH OF INACTIVITY BETWEEN ABOVE JOB AND ONE BELOW (IF APPLICABLE).			

If additional space is needed for the past 10 years, attach a separate sheet and give same information called for above.

