Form 64 Application for Employment—Short Form

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Name

Last _____ First _____ Middle_____

Date _____

Street Address _____

City _____ State _____ ZIP _____

Telephone _____

Social Security # _____

Position applied for _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage $_____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) ❑ Yes ❑ No

Are you looking for full-time employment? ❑ Yes ❑ No

If no, what hours are you available? _____

Are you willing to work swing shift? ❑ Yes ❑ No

Are you willing to work graveyard? ❑ Yes ❑ No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)
❑ Yes ❑ No

If yes, please describe conditions. _____

_____

_____

_____

_____

Education	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

_____

_____

_____

_____

_____

_____

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ❑ Yes ❑ No

Responsibilities _____

_____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ❑ Yes ❑ No

Responsibilities _____

_____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ❑ Yes ❑ No

Responsibilities _____

_____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ❑ Yes ❑ No

Responsibilities _____

_____

Reason for leaving _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature_____ Date _____