

# Application for Employment

DATE \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_ U.S. CITIZEN  YES  NO

NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS (PRESENT) \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

AGE \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ COLOR OF EYES \_\_\_\_\_

COLOR OF HAIR \_\_\_\_\_ HEIGHT \_\_\_\_\_ FT. \_\_\_\_\_ INCHES \_\_\_\_\_ WEIGHT \_\_\_\_\_ LBS. \_\_\_\_\_

WOULD YOU BE WILLING TO TAKE A TRUTH VERIFICATION TEST?  YES  NO

DO YOU POSSESS A CURRENT STATE RESPONSIBLE VENDOR SERVICE PERMIT? \_\_\_\_\_

DO YOU POSSESS A CURRENT PARISH ORDINANCE EMPLOYEE CARD? \_\_\_\_\_

GENERAL CONIDITION OF YOUR HEALTH \_\_\_\_\_ ANY PHYSICAL HANDICAPS? \_\_\_\_\_

IF YOU POSSESS PHYSICAL HANDICAPS, PLEASE EXPLAIN: \_\_\_\_\_

SINGLE  MARRIED  SEPERATED  DIVORCED  WIDOWED NO. OF DEPENDENTS \_\_\_\_\_

**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 ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

EMPLOYMENT DESIRED: POSITION \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

**(FOR MANAGEMENT USE ONLY)**

POSITION APPLIED FOR \_\_\_\_\_ POSITION HIRED FOR \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ STARTING SALARY \_\_\_\_\_

MISCELLANEOUS INFORMATION \_\_\_\_\_

\_\_\_\_\_  
 (MANAGER'S SIGNATURE)