

# ABC CORPORATION

## Application for Employment

Equal Opportunity/Affirmative Action Employer

### PERSONAL INFORMATION

<b>Name</b>				<b>Date</b>
	<b>Last</b>	<b>First</b>	<b>Middle</b>	
<b>Present Address</b>				
	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Permanent Address</b>				
	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone Number</b>			<b>Are you over 17 years of age?</b>	
<b>Are you related to anyone presently employed by this company?</b>		<b>If yes, give name(s) and Depts.(s)</b>		
<b>Referred by</b>		<b>Have you ever applied for employment with this company?</b> <input type="checkbox"/> YES <b>Date</b> _____ <input type="checkbox"/> NO		

### EMPLOYMENT DESIRED

<b>Position</b>	<b>Date Available</b>	<b>Salary Desired</b>
<b>Are you interested in</b> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> Shift		

### EXPERIENCE

(List last four employers starting with most recent, or go back 10 years; include military service. Attach separate sheet if necessary.)

<b>DATES</b>	<b>NAME &amp; ADDRESS OF EMPLOYER</b>	<b>PAY</b>	<b>REASON FOR LEAVING</b>
<b>From</b>		<b>Start</b>	
<b>To</b>		<b>Ending</b>	
<b>Job Description</b>			

  

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<b>To</b>		<b>Ending</b>	
<b>Job Description</b>			