

Beisswenger's Do It Best Hardware

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

NAME (LAST, FIRST, MIDDLE):			DATE:
PRESENT ADDRESS:	CITY	STATE	ZIP
PERMENENT ADDRESS	CITY	STATE	ZIP
PHONE NUMBER: - -	SOC. SEC. #:		
STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY	REFERRED BY:		

EMPLOYMENT DESIRED:

POSITION:	
DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED NOW?	MAY WE CONTACT YOUR EMPLOYER?
HAVE YOU UVER APPLIED TO THIS COMPANY BEFORE?	WHEN?

EDUCATION:

SCHOOL	NAME AND LOCATION	GRADUATE		MAJOR SUBJECTS	GPA
		YES	NO		
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE/ UNIVERSITY					
TRADE/ OTHER					

OTHER INFORMATION:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:
SPECIAL TRAINING:
ACTIVITIES (CIVIC, ATHLETIC, ETC.)*

*EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTERS OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL OROGIN OF ITS MEMBERS

(CONTINUED ON OTHER SIDE)

This employment application has been designed for general use throughout the United States. At the time of publication, every effort was made to assure that the form complies with all general and certain state requirements prohibiting employment discrimination. However, Legal requirements may vary from State to State and laws change frequently. Rediform assumes no responsibility for inclusion of any questions in this form which violate local, State, and/or Federal laws.

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FORMER EMPLOYERS: List the last four employers, starting with present or most recent.

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:		\$ PER:		
FROM: TO:		\$ PER:		
FROM: TO:		\$ PER:		
FROM: TO:		\$ PER:		

REFERENCES:

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY, NOTIFY: _____

ADDRESS: _____ PHONE: _____

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, AT THE DISCRETION OF THE EMPLOYER, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

SIGNED: _____ DATE: _____

APPLICANT – DO NO WRITE BELOW THIS LINE

INTERVIEWED BY:		DATE:
REMARKS:		
NEATNESS:		
ABILITY:		
HIRED	DEPT:	POSITION:
START DATE:		SALARY
APPROVALS: DEPT HEAD:	EMP. MGR:	GEN. MGR.