

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY, STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY, STATE, ZIP

PHONE NUMBER \_\_\_\_\_ POSITION DESIRED \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_

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

HAVE YOU EVER APPLIED TO THIS AGENCY BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	AREA OF STUDY
HIGH SCHOOL				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
COLLEGE				
OTHER				

GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_  
 \_\_\_\_\_

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_  
 READ? \_\_\_\_\_ WRITE? \_\_\_\_\_  
 U.S. MILITARY? \_\_\_\_\_ RANK: \_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? \_\_\_\_\_

PRIOR EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE, MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON LEFT
TO				
FROM				
TO				
FROM				
TO				
FROM				

PROFESSIONAL REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS? \_\_\_\_\_ SERIOUSLY INJURED ON JOB? \_\_\_\_\_  
 IF YES, GIVE DETAILS:

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU ANY DEFECTS IN HEARING? \_\_\_\_\_ VISION? \_\_\_\_\_ IN SPEECH? \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY? \_\_\_\_\_  
NAME ADDRESS PHONE

DO YOU HAVE A RECORD OF FOUNDED CHILD OR DEPENDENT ADULT ABUSE? \_\_\_ YES \_\_\_ NO HAVE YOU  
 EVER BEEN CONVICTED OF A CRIME IN THIS STATE OR ANY OTHER STATE? \_\_\_ YES \_\_\_ NO

I CERTIFY THAT THE INFORMATION PRESENTED IN THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT, IF AN EMPLOYMENT RELATIONSHIP COMMENCES, UNLESS I HAVE A SPECIFIC WRITTEN CONTRACT OF EMPLOYMENT SIGNED ON BEHALF OF MY EMPLOYER BY ITS EXECUTIVE DIRECTOR, THE EMPLOYMENT RELATIONSHIP IS ENTIRELY VOLUNTARY IN NATURE AND MAY BE TERMINATED BY EITHER PARTY, WITH OR WITHOUT NOTICE. NO REPRESENTATIVE OF ASAC HAS AUTHORITY TO ALTER OR VARY THE VOLUNTARY NATURE OF EMPLOYMENT EXCEPT IN A SPECIFIC WRITTEN CONTRACT OF EMPLOYMENT.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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 DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

NEATNESS \_\_\_\_\_ CHARACTER \_\_\_\_\_

PERSONALITY \_\_\_\_\_ ABILITY \_\_\_\_\_

HIRED \_\_\_\_\_ DEPT. \_\_\_\_\_ POSITION \_\_\_\_\_ START DATE \_\_\_\_\_

SALARY/WAGES \_\_\_\_\_ APPROVED \_\_\_\_\_

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL LAWS FOR EMPLOYMENT PRACTICE PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS.