



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip			Business Telephone
	Have you ever applied for employment with us?		Yes	Social Security #
	If yes: Month and Year _____ Location _____		No	
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work?			Will you work overtime if asked?
	Yes		No	Yes
	If not, what hours can you work?			No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
Yes		No		
Have you been convicted of any crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?			Have you ever been bonded? Yes	
Yes		If "Yes," describe in full		No
No		If "Yes" with what employers?		
Other special training or skills (languages, machine operation, etc.)				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate? Please use X	Degree or Diploma	
	Graduate					Yes No	
	College					Yes No	
	Business / Trade / Technical					Yes No	
	High School					Yes No	
	Elementary						

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your most present or recent employer.

1	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

2	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

3	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

4	Company Name	Telephone
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact	DO NOT CONTACT	
	Employer Number(s)	Reason

MILITARY	Did you serve in the U.S. Armed Forces?	If "Yes" in what branch?
Describe any training received relevant to the position for which you are applying? _____ _____		

PERSONAL AND PROFESSIONAL REFERENCES. (DO NOT INCLUDE RELATIVES).

REFERENCES	Name	Company	Phone
	1		
	2		
	3		
	4		

SELECTFORM, INC. Believes that the informatin solicited from the applicant is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate Federal, State, or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc. (Exclude those which may disclose your race, color, religion, age, or national origin)

Applicants Signature

Please read and understand this statement before signing this application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in one year. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date _____

Signature _____