

MASTER APPLICATION

for Company "XYZ"

CONFIDENTIAL APPLICATION
FOR EMPLOYMENT

PERSONAL INFORMATION *please print or type*

Full Name: Last		First	Middle Initial
Street Address		City/State	Zip Code
Time at Current Address	Previous Address	Time at Previous Address	
() Home Phone	Social Security #	Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:			

WORK DESIRED

What position(s) are you applying for at our organization? <i>Please be specific:</i>	What date are you available to start?
Type of Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	
Days and Hours of availability <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat	HOURS:

OTHER INFORMATION

Do you have any physical, medical or mental impairments which would interfere with your ability to do the type of work applied for? If YES, provide an explanation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been employed by Company XYZ? If YES, state when, where and describe position you held:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives employed by our Organization? If YES, give names:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a crime? (<i>Such a conviction will not necessarily disqualify you for this job.</i>) If YES, state the date, place and nature of the offense:	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION *omit any which might indicate race, religion, color, national origin or ancestry*

High School	Dates Attended	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City/State	Highest Grade Completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Average Grade	
College or University	Dates Attended	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City/State	Field of Study	Average Degree Grade Obtained	
College or University	Dates Attended	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City/State	Field of Study	Average Degree Grade Obtained	
Business or Trade School	Dates Attended	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City/State	Field of Study	Average Degree Grade Obtained	

Academic achievements, awards, and scholarships

Professional associations or organizations

Volunteer work experience

Extra-curricular activities, school offices held

Special skills not covered above Foreign language ability

U.S. MILITARY SERVICE

Have you served as a member of the U.S. Armed Forces?

Yes No

Branch/Service

Rank/Specialty

WORK EXPERIENCE *please complete this section even if you have attached a resume.*

Present or Last Employer	() Telephone	Ext.	Dates of Employment <i>Month/Year</i> From: To:
Street Address	City/State	Zip Code	Supervisor
Position, title and nature of work			Salary \$
Reason for leaving or wanting to leave			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Previous Employer	() Telephone	Ext.	Dates of Employment <i>Month/Year</i> From: To:
Street Address	City/State	Zip Code	Supervisor
Position, title and nature of work			Salary \$
Reason for leaving			

Previous Employer	() Telephone	Ext.	Dates of Employment <i>Month/Year</i> From: To:
Street Address	City/State	Zip Code	Supervisor
Position, title and nature of work			Salary \$
Reason for leaving			

EMPLOYMENT REFERENCES *please do not include relatives, nor Company XYZ employees.*

Name	() Telephone	Ext.	Years Known
Street Address	City/State	Zip Code	
Occupation	Firm/Organization		

Name	() Telephone	Ext.	Years Known
Street Address	City/State	Zip Code	
Occupation	Firm/Organization		

Name	() Telephone	Ext.	Years Known
Street Address	City/State	Zip Code	
Occupation	Firm/Organization		

ADDITIONAL COMMENTS *attach a separate sheet if necessary*

--

I certify that the information furnished on this application is true and correct. I understand and agree that any falsification, misrepresentation, misleading statements, omission of facts on either this application, during or after the pre-hire process will be sufficient reason for (1) my not being offered employment, or (2) dismissal at any time from the service of the organization if employed. I also understand and agree that I must be physically and mentally able to perform the work for which I am applying or being considered. In addition, I authorize my former employers to provide Company XYZ, any information regarding my employment and educational records, including and in addition to the above, and I release all parties from any liability for any damages which may result from furnishing such information. I also agree to conform to the organization's policies and regulations if employed, and I understand and agree that my employment and compensation is of an "at-will" nature, and therefore can be terminated, with or without cause or notice at any time, by either the organization or myself.

Signature _____	Date ____ / ____ / ____
-----------------	-------------------------