

# EMPLOYMENT APPLICATION

## Personal Information

**PLEASE PRINT**

Date: \_\_\_/\_\_\_/\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Last Name      First      Middle

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Street Address      City      State      Zip

How long have you  
lived at this address?

Married \_\_\_ Single \_\_\_ Divorced \_\_\_      Number of Dependents: \_\_\_\_\_

Have you worked for us before? Yes \_\_\_ No \_\_\_      Do you want a \_\_\_\_\_ or \_\_\_\_\_ position?  
Part Time      Full Time

What serious illnesses or operations have you had in the last 2 year?

\_\_\_\_\_  
Height      Weight      Are you able to do work which requires      Standing? \_\_\_\_\_ (yes or no)  
Lifting? \_\_\_\_\_ (yes or no)

Name of any relatives employed by this company \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes      \_\_\_\_\_ No

Do you have a valid Virginia Driver's License? \_\_\_\_\_ Yes      \_\_\_\_\_ No

## Education

	Name of School	Location	Dates Attend.		Graduate		Subjects
			From	To	Yes	No	
Grade School							
High School							
College / Univ.							
Other							

Scholastic Average : High School \_\_\_\_\_ College \_\_\_\_\_

## Personal References - Other than employees & Relatives

\_\_\_\_\_  
Name      Address      Occupation      Telephone #

\_\_\_\_\_  
Name      Address      Occupation      Telephone #

**Former Employers (Beginning with the last employer)**

			<u>Wages Received</u>		
Name of Employer _____	Address _____	From _____	To _____	Beg. _____	End _____
Reason For Leaving _____			Brief Description of Duties _____		
			<u>Wages Received</u>		
Name of Employer _____	Address _____	From _____	To _____	Beg. _____	End _____
Reason For Leaving _____			Brief Description of Duties _____		
			<u>Wages Received</u>		
Name of Employer _____	Address _____	From _____	To _____	Beg. _____	End _____
Reason For Leaving _____			Brief Description of Duties _____		
			<u>Wages Received</u>		
Name of Employer _____	Address _____	From _____	To _____	Beg. _____	End _____
Reason For Leaving _____			Brief Description of Duties _____		

By signing this application, I affirm that all statements herein are TRUE and misrepresentation of facts subject me to immediate discharge. I further agree to abide by all company rules and regulations upon becoming an employee of this company; with the understanding that the violation of any of these rules and regulations will subject me to immediate discharge.

I further agree to take a physical examination upon request by the company; by a company approved doctor at the company expense.

The age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

In connection with your employment application, an investigation into your credit standing, credit capacity, general reputation, character, personal characteristics, or mode of living may be made. Any such investigation, will be in strict compliance with provisions of the Fair Credit Reporting Act, 15 United States Codes 1681.

If you are denied employment either wholly or partially on the basis of a consumer report from a consumer reporting agency, we will promptly advise you of such adverse action, and will furnish you with the name and address of the consumer reporting agency making the report.

\_\_\_\_\_  
Signature of Applicant