

EDUCATION:

Name, Address and Location	Graduate?	Courses Studied
High School	Yes ☐ No ☐	
College	Yes ☐ No ☐	
Post Graduate	Yes ☐ No ☐	
Trade School	Yes ☐ No ☐	

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes ☐ No ☐ If so, when, where and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and college _____

List and describe any other School or Specialized Training _____

MILITARY:

Have you ever served in the military? Yes ☐ No ☐

Service Branch _____ Date Entered _____
Date Separated _____ Final Rank _____

CAPABILITY / RELIABILITY:

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes ☐ No ☐

If not, explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employers? Yes ☐ No ☐

If yes, explain _____

Will you abide by the safety rules of this company? Yes ☐ No ☐

Have you ever been disciplined for violating company safety rules or regulations? Yes ☐ No ☐

If yes, please explain _____

How many days of work (or school) have you missed in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____

Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes ☐ No ☐

If no, please explain _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR.

DO NOT REFERENCE YOUR RESUME.

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	From: Mo. _____ Year _____	To: Mo. _____ Year _____
Telephone Area Code ()	Nature of Business			
Title Duties		Reason for Leaving:		

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	From: Mo. _____ Year _____	To: Mo. _____ Year _____
Telephone Area Code ()	Nature of Business			
Title Duties		Reason for Leaving:		

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	From: Mo. _____ Year _____	To: Mo. _____ Year _____
Telephone Area Code ()	Nature of Business			
Title Duties		Reason for Leaving:		

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	From: Mo. _____ Year _____	To: Mo. _____ Year _____
Telephone Area Code ()	Nature of Business			
Title Duties		Reason for Leaving:		

SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name, please give that name(s) _____

Are you presently employed?

Yes ☐ No ☐

If yes, may we contact your present employer?

Yes ☐ No ☐

Have you ever been fired, or asked to resign, from a job? _____ If yes, please explain _____

SPECIAL SKILLS

Do you type?

Yes ☐ No ☐

Words Per Minute _____

Have you had any computer or word processing experiences or training?

Yes ☐ No ☐

If yes, please describe _____

What languages do you speak fluently? _____

Use this space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature _____ Date ____/____/____

COMPANY USE ONLY

Interviewed by:

Interviewers remarks:

Is the operation of a company vehicle a job requirement?

Yes ☐ No ☐

If yes to above, has a request for driver's record been made?

Yes ☐ No ☐

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