

**YOU ARE REQUIRED TO TAKE A PHYSICAL EXAM AND DRUG SCREEN TO WORK FOR THIS COMPANY**

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

			Date	Social Security Number		
Name				Age	Sex	
Last	First	Middle				
Present Address						
			Street	City	State	Zip
Permanent Address						
			Street	City	State	Zip
Phone Number		Own Home		Rent	Board	
Date of Birth		Height	Weight	Color of Hair	Color of Eyes	
Married		Single	Widowed	Divorced	Separated	
Number of Children			Dependents Other Than Wife or Children		Citizen of U.S.A.	Yes <input type="radio"/> No <input type="radio"/>
If Related to Anyone in Our Employ, State Name and Department				Referred By		

### EMPLOYMENT DESIRED

Position		Date You Can Start	Salary Desired
Are You Employed Now?		If So, May We Inquire of Your Present Employer	
Ever Applied to this Company Before?		When	
Radiation Safety Training?		Where	Carded <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>

EDUCATION	Name and Location of School	Years Attended	Date Graduated	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

U. S. Military or Naval Service		Rank	Present Membership in National Guard or Reserves	
Activities Other Than Religious (Civic, Athletic, Fraternal, etc.)				
EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.				

**FORMER EMPLOYERS** (List Below Last Five Employers, Starting With Last One First)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES:** Give Below the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year.

Name	Address	Business	Years Acquainted
1			
2			
3			

**PHYSICAL RECORD:**

List any Physical Defects

Were You Ever Injured? Give Details

Have You Any Defects In Hearing? In Vision? In Speech?

In Case of  
Emergency Notify

Name

Address

Phone No.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date Signature

**DO NOT WRITE BELOW THIS LINE**

Interviewed By Date

**REMARKS:**

Neatness		Character	
Personality		Ability	

Hired Position Salary Wages

Approved: 1. Employment Manager 2. Dept. Head 3. General Manager