	APPLICATION FOR EM	PLOYEMNT	
PERSONAL INFORMATION:		DATE:	
SOCIAL SECURITY # LAST NAME CURRENT ADDRESS	FIRST		
PERMANENT ADDRESS			
EMPLOYMENT DESIRED:			
	START DATE		
CURRENTLY EMPLOYED	IF SO, MAY WE INC	QUIRE OF YOUR EMPLOY	/ER
EDUCATION NAME &	LOCATION OF SCHOOL	YRS ATTENDED	DATE GRAD
ELEM SCHOOL			
The Age Discrimination Act			
individua	als who are at least 40, but	less than 65 years old.	
GENERAL:			
Do you have a current Driver's	License?	State	
Subjects of special study	Licerise:	5tate	
Foreign Languages; Speak	Read	Write	
U.S. Military/ Naval Service			
Present Membership in Nation	al Guard or Reserve		
Special Questions: Do not answer any of the quest indicating that the information national security laws, or is need.	is required for bona fide o	ccupational qualification	•
✓ Height: Ft In	_	J.S. Citizen: Yes	No
✓ Weight: Lbs	✓	Date of Birth	
The Age Discrimination Act individus	of 1967 prohibits discrimi		ge with respect to

Physical Record:			
Do you have any physical d			performing any work for which you are being
Were you ever injured?		Give Details	
Have any defects in hearing	g?	Vision?	Speech?
In case of emergency, notif	fy: Name		Phone
Address			
Former Employers:	(List I	last 4 employers, sta	arting with most recent)
		Phone_	
Address			Dacition
Salary	10	Why Left?	Position
Name		Phone_	
Address			
Dates; From	To		Position
Salary		Why Left?	
		Phone_	
Address			
Dates; From	To	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Position
Salary		Wny Lettr	
Name		Phone_	
Address			
Dates; From			Position
Salary		Why Left?	
year. Name			
AddressBusiness			Phone
Business			Pilotie
Address			
Business			
Name			
Address			
Business			Phone

Please list your previous experience running equipment:
Machine;
Doing What
Machine;
Doing What
Machine; Doing What
Machine;
Doing What
Machine;
Doing What
Please list your previous experience driving trucks;
Do you have a valid current CDL license?State?
Type of truck
List any previous experience with the following:
Welding;
Mechanic work;
Chainsaws;
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATIONS OF 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.
SignatureDate
Interviewed by;Date
Remarks;
THIS FORM HAS BEEN DESIGNED TO COMPY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION
ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE DEEMED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES.
SUCH QUESTIONS ARE APPROPRIATELY NEEDED ON THE APPLICATION, NOTWITHSTANDING THESE EFFORTS. THE MANUFACTURER OF THIS

FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE MAY OCCUR.