

BRENNER

PRINTING & MAILING

Application for Employment

PERSONAL INFORMATION

Name (Last, Name First)	Social Security Number
Present Address	City, State, Zip Code
Permanent Address	City, State, Zip Code
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number

DESIRED EMPLOYMENT

Position	Date Available	Salary Desired
Are you employed now?	If so, may we inquire of your present employer?	
Ever applied to this company before?	Where?	When?
Ever worked for this company before?	Where?	When?
Reason for leaving		
Name of last supervisor at this company		
Who referred you to this company?		
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend		
<input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk In		
<input type="checkbox"/> Other		

EDUCATION

School Level	Name and Location	Number of Years Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

GENERAL

Subjects of Special Study or Research Work
Special Training
Special Skills

FORMER EMPLOYERS

List below last three employers, starting with the most recent one first.

Name of Present or Last Employer			
Address		City, State, Zip Code	
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title	Phone
Description of Work			
Reason for Leaving			

Name of Present or Last Employer			
Address		City, State, Zip Code	
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title	Phone
Description of Work			
Reason for Leaving			

Name of Present or Last Employer		
Address		City, State, Zip Code
Starting Date	Leaving Date	Job Title
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor		Title Phone
Description of Work		
Reason for Leaving		

REFERENCES

Below, give the names of three persons you are not related to, whom you have known at least one year.

	Name	Address	Business	Years Acquainted
1				
2				
3				

SERVICE RECORD

Branch of Service	Discharge Date Rank

Have you been convicted of a felony within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain. (Will not necessarily exclude you from consideration)

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Date

Signature