



woerrel Research Inc.

# Application for Employment

## PERSONAL INFORMATION:

DATE 08/16/05		
NAME		
LAST	FIRST	MIDDLE
PRESENT ADDRESS		
STREET	CITY	STATE
PERMANENT ADDRESS		
STREET	CITY	STATE
PHONE NO. ( ) -	REFERRED BY	

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

## EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

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

## GENERAL

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?	READ	WRITE
U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

## SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- |                                 |      |        |  |                              |                             |
|---------------------------------|------|--------|--|------------------------------|-----------------------------|
| <input type="checkbox"/> HEIGHT | FEET | INCHES | <input type="checkbox"/> CITIZEN OF U.S. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> WEIGHT | LBS  |        | <input type="checkbox"/> DATE OF BIRTH   |                              |                             |

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**PHYSICAL RECORD:**

DO YOU HAVE ANY PHYSICAL DISABILITIES THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

WERE YOU EVER INJURED? GIVE DETAILS:

HAVE YOU ANY DISABILITIES? HEARING? VISION? SPEECH?

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ ( ) - \_\_\_\_\_  
NAME ADDRESS PHONE NO.

**FORMER EMPLOYERS**

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)

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 KNOWN

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 08/16/05 SIGNATURE

INTERVIEWED BY \_\_\_\_\_ DO NOT WRITE BELOW THIS LINE \_\_\_\_\_ DATE

**REMARKS:**

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED \_\_\_\_\_ FOR DEPT. \_\_\_\_\_ POSTION \_\_\_\_\_ WILL REPORT \_\_\_\_\_ SALARY WAGES \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

THIS FORM HAS BEEN DESIGNED TO COMPLY 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 CONCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES, SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOT WITHSTANDING THESE EFFORTS, THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HERBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM, OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.