



actionprint

DATE _____

SOCIAL SECURITY NUMBER _____

PERSONAL INFORMATION

CITIZEN OF U.S.A. YES NO

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

PHONE _____ CELL _____ EMAIL _____

IF RELATED TO ANYONE IN OUR COMPANY REFERRED
STATE NAME AND DEPARTMENT _____ BY _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHEN? _____

PRINTING / COPYING / MAILING EXPERIENCE

WHERE YOU WORKED TO GAIN THIS EXPERIENCE?	TYPES OF EQUIPMENT YOU HAVE USED	TYPES OF COMPUTER SOFTWARE YOU HAVE USED	NUMBER OF YEARS EXPERIENCE

SALES EXPERIENCE

WHERE YOU WORKED TO GAIN THIS EXPERIENCE?	PRODUCTS SOLD	TYPE OF SALESPERSON RETAIL • OUTSIDE • INSIDE	NUMBER OF YEARS EXPERIENCE

EDUCATION	NAME AND LOCATION	SUBJECTS STUDIED
ELEMENTARY SCHOOL		
HIGH SCHOOL		
COLLEGE		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: LIST THE NAMES OF THREE BUSINESS PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

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 _____

INTERVIEWED BY _____ DATE _____

REMARKS:

DATE HIRED _____ POSITION _____ START DATE _____

SALARY/WAGES/BENEFITS _____