

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION					Last First Middle
Date _____					
Name					
	Last	First	Middle		
Present Address					
	Street	City	State	Zip	
Permanent Address					
	Street	City	State	Zip	
Phone Number _____					
Referred By _____			Are you 21 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If not, are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT DESIRED

Position _____	Date You Can Start _____	Salary Desired _____
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, May we Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where? _____	When? _____

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Trade, Business or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills (Typing, Driver's License, Etc.) _____

Activities Other Than Religious (Civic, Athletic, Etc.)

Exclude organizations, the name or character of which indicates the race, sex, or national origin of its members.

Please list the names of any family members or friends that currently or previously worked for State Line

Continued on Reverse...

FORMER EMPLOYERS

List the last three employers, starting with present or most recent.

Date (Month & Year)	Name & Address of Employer	Position	Reason for Leaving
From:			
To:			
From:			
To:			
From:			
To:			

REFERENCES

Provide the names of two persons not related to you, whom you have known at least one year.

Name	Address	Profession	Years Acquainted

SAFE DRIVING AND ACCEPTABLE DRIVER'S RECORD ARE CONDITIONS OF EMPLOYMENT

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 that I may, at the discretion of the employer, be terminated at any time without any previous notice.

SIGNED: _____ **DATE:** _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks: _____
