



AMERICAN

Manufacturing Company, Inc.

Application for Employment

Equal Opportunity Employer

Personal Information

Name (Last Name First)		Social Security Number	
Current Address	City	ST	ZIP
Permanent Address	City	ST	ZIP
Phone #	Referred By:		

Employment Desired

Position	Date you can start / /	Salary desired
Are you employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If So, may we inquire of your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Ever applied to this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where?	When?

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

General

Subjects of Special Study/Research Work or Special Training/Skills	
U.S. Military or Naval Service?	Rank

Former Employers – List below last four employers, starting with last one first.

Date/Month/Year	Name & Address of Employer		
From			
To			
From			
To			
From			
To			
From			
To			

References:

Give below the names of three (3) persons not related to you, whom you have known at least one (1) year.

Name	Address	Business	Years Known
1			
2			
3			

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 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 representation of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date: _____ Signature: _____

Interviewed By: _____ Date: _____

Do Not Write Below This Line

Remarks

Neatness: _____ Character: _____

Personality: _____ Ability: _____

Hired: _____ For Dept: _____ Position: _____

Will Report: _____ Salary: _____

Approved:

1. _____ 2. _____ 3. _____
Employment Manager Dept. Head General Manager