SUMMER

PERSONAL INFORMAT	Date	Social Security Date Number					
Name		·					
resent Address	ast First		Middle				
ermanent Address	Street		City	State	Zip		
hone No.	Street		City .	State	Zip		
eferred y		Are you 18	years of age or olde	r? □ Yes □	No		
MPLOYMENT DESIRE	ED					_	
osition	Date You Can Start		Salary Desire	Salary Desired			
Are You Employed Now? ☐ Yes ☐ No			If So May We Inquire of Your Present Employer? ☐ Yes ☐ No				
ver Applied to this Company Be	Where?		When		_		
DUCATION	Name and Location of So	chool	Circle Last Year Completed	Did You Graduate?	Subjects Studied a		
Grammar School				□ Yes			
High School			1234	□ Yes	u 6		
Coilege			1234	□ Yes	9		
Trade, Business or Correspondence School			1 2 3 4	□ Yes			
ENERAL				-			
bjects of Special Study or Rese	earch Work	1 1 1	95				
b Related Skills (typing, driver's	license, etc.)					_	
						_	

1 ()

FORMER EMPL	OYERS List below y	our last four employers, starting v	vith the last one	first.		,	
Date Month and Year	Name and	Address of Employer	Salar (upon lea			Reason for Leaving	
From							
То							
From							
То							
From							
To							
From							
То							
REFERENCES	List below three persons	not related to you, whom you ha	ve known at leas	st one ye	ar.		· · · · · · · · · · · · · · · · · · ·
Nam	ne	Address		Position			Years Acquainted
1							
2							
3					4		
ON ANT EMPLOTEE I	NTINUED EMPLOYMEN	Y NOT REQUIRE OR DEMAND E A POLYGRAPH, LIE DETECTO IT. ANY EMPLOYER WHO VIOL Signature	DR OR SIMILAR	TESTO	R FYAMINATION AS	2 A CONDITIO	MOE
"It is unlawful in Massac violates this law shall be	husetts to require or adr	ninister a lie detector test as a co	ndition of emplo	yment o	r continued employm	ent. An emplo	yer who
AUTHORIZATION authorize investigation	V on all statements contain d agree that my employ	ned in this application. I understa ment is for no definite period and	nd that misrepre I may, regardless	esentation s of the d	n of information reque ate of payment of my	ested is cause wages and sa	for dismissal. alary, be
In Case of Emergency Notify							
Chergency Nouly	Na	me					
Address							
					Phone No.		
			*	<u> </u>			
	DO N	OT WRITE BELOW THIS	LINE-OFFIC	CE USE	E ONLY		
Interviewed By					Date		
REMARKS:				<u> </u>			if
							
							
INS Form I-9 completed?	? 🗆 Yes 🗆 No						
Hired For D	Posi	tion	Will Re	port		lary iges	
Approved: 1.		2.			3.		
Empl		Dept. Head General Manager					

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