

ACME INDUSTRIES

(Print Clearly- Use Pen)

Date: _____

Social Security Number: _____ Name: _____

Last First MI

Sex: M/F ____ Birthdate: _____ Marital Status: _____ No. Dependents: _____

MM DD YY

Address: _____

Street or Box # City State Zip Code

Ethnic Group: ____ (1-White, 2-Black, 3- Hispanic, 4-American Indian, 5- Asian or Pacific Islander)

Position Desired: _____ Full-Time ____ Part-Time ____

Requested Salary: _____ per _____ Date available for work: _____

EDUCATION

| NAME AND ADDRESS OF SCHOOL | MO/YR (FROM) | MO/YR (TO) | YEARS COMPLETED | DIPLOMA/ DEGREE | MO/YR |
|----------------------------|-----------------|---------------|--------------------|--------------------|-------|
| <i>High School</i> | | | | | |
| <i>College</i> | | | | | |
| <i>Other</i> | | | | | |

MILITARY BACKGROUND

Branch: _____ to _____ Type of Discharge: _____

Occupation: _____ Service-Connected Disability? Y/N _____

If "Yes" give details: _____

EMPLOYMENT HISTORY (Begin with most recent or present job)

Business or Employer: _____ Type of Business: _____

Address: _____ Phone #: _____

Street or Box # City State Zip Code

Dates of Employment: _____ to _____ Job Title: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

Special Licenses/Certificates: _____

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, explain and give dates and circumstances: _____

Have you had any moving violations within the past ten years? _____ Yes _____ No

If yes, please explain and give dates and circumstances: _____

DISABILITIES (Check if you have)

___ Diabetes ___ Heart Disease ___ Asthma ___ Mental Illness ___ Back Problems

___ Ulcers ___ Rheumatism ___ Eye Problems ___ Nervous Conditions ___ Back Injury

___ Hearing Problems ___ Arthritis

Explain any items checked above. Include dates, doctor's names, discharge dates, medications currently using:

Have you received Workman's Compensation within the past 5 years? _____ Yes _____ No If yes, explain:

LIST THREE REFERENCES: List only those persons residing in the immediate area who have known you for a period of one year or longer. Do not list relatives or members of your immediate family.

| <u>NAME</u> | <u>ADDRESS</u> | <u>TELEPHONE #</u> | <u>OCCUPATION</u> | <u>YEARS KNOWN</u> |
|-------------|----------------|--------------------|-------------------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

The statements and information on this application are true and accurate to the best of my knowledge. Any false statements intentionally made may be cause for immediate reprimand and/or dismissal.

Signature of Applicant

Date