

A.I.P.

Employment Application

Personal Information

Date _____

Social Security No. _____

Drivers License No. _____

FULL NAME _____

PRESENT ADDRESS _____
STREET _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER (DAY) _____ (NIGHT) _____

JOB DESCRIPTION DESIRED SALES _____ WAREHOUSE _____ CLERICAL _____

REFERRED BY _____

COMMENTS _____

PREVIOUS EMPLOYMENT (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	TELEPHONE	SALARY	POSITION	REASON FOR LEAVING
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					

OFFICE SKILLS, (LIST BELOW) SALES EXPERIENCE, OR WAREHOUSE EXPERIENCE

REFERENCES (LIST AT LEAST 3 PERSONAL)

NAME	ADDRESS	TELEPHONE NO.	YEARS

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY
		DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

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 date of payment of my wages, salary, or commissions, be terminated at any time without any previous notice. I, as a salesman, understand that upon termination of employment all unpaid commissions and reserve will be held for 90 days or until all my accounts have paid in full.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

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APPEARANCE: ATTITUDE

WEDNESDAY, APRIL 15, 1942

APPROVED: _____ DEPT. HEAD: _____
GENERAL MGR: _____