

Physical Record

Do you have any physical disabilities that inhibit you from performing any work for which you are being considered? _____

Were you ever injured? _____ Please give details _____

Have you any disabilities in hearing? _____ Vision _____

In case of emergency, notify _____
Name Relationship Phone number

Employment History Please list previous employers starting with the most recent.

Date Name, Phone, and Address Salary Position Reason for Leaving
(Month / Year)

From _____
To _____

From _____
To _____

From _____
To _____

References Include only businesses or individuals familiar with work ability.

Name Address and Phone Number Years known / Relationship

1. _____

2. _____

3. _____

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 the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature of applicant _____ Date _____

Office use only. Do not write below line.

Remarks _____

Interviewed by _____ Date _____

Approved by department manager _____

Hired _____
Position Location Start Date Salary/Wage