

## PERSONAL INFORMATION

DATE \_\_\_\_\_ POSITION(S) APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE NO. \_\_\_\_\_  
HOME CELL

EMAIL ADDRESS \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA?  YES  NO  
 IF HIRED, YOU WILL BE REQUIRED TO SUBMIT PROOF OF YOUR ELIGIBILITY TO WORK IN THE USA.

ARE YOU OVER THE AGE OF 18?  YES  NO  
 IF HIRED, YOU WILL BE REQUIRED TO SUBMIT PROOF OF AGE.

DRIVER'S LICENSE NUMBER (REQUIRED ONLY IF DRIVING MAY BE REQUIRED IN THE JOB FOR WHICH YOU ARE APPLYING)  
 NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ CDL  YES  NO

HOW DID YOU FIND OUT ABOUT THIS POSITION? \_\_\_\_\_  
 WERE YOU REFERRED BY SOMEONE?  YES  NO IF YES, WHO? \_\_\_\_\_

WERE YOU PREVIOUSLY EMPLOYED BY US?  YES  NO IF YES, WHEN? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?  YES  NO  
 (DO NOT ANSWER YES IF THE CONVICTION HAS BEEN PARDONED, EXPUNGED, SEALED OR IMPOUNDED BY A COURT.)  
 IF YES, PLEASE GIVE THE CONVICTION DATE AND NATURE OF THE OFFENSE. \_\_\_\_\_

## EDUCATIONAL HISTORY

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK, LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
ELEMENTARY		X	___ 5 ___ 6	___ YES ___ NO	X
			___ 7 ___ 8		
HIGH SCHOOL			___ 9 ___ 10	___ YES ___ NO	
			___ 11 ___ 12		
COLLEGE			___ 1 ___ 2	___ YES ___ NO	
			___ 3 ___ 4		
OTHER (SPECIFY)			___ 1 ___ 2	___ YES ___ NO	
			___ 3 ___ 4		

**EMPLOYMENT HISTORY**

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO. / YR.	TO MO. / YR.	WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	JOB TITLE:			CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:		
	DESCRIBE THE WORK YOU DID:					
TELEPHONE:						

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO. / YR.	TO MO. / YR.	WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	JOB TITLE:			CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:		
	DESCRIBE THE WORK YOU DID:					
TELEPHONE:						

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO. / YR.	TO MO. / YR.	WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	JOB TITLE:			CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:		
	DESCRIBE THE WORK YOU DID:					
TELEPHONE:						

**PERSONAL REFERENCES**

PLEASE LIST THREE REFERENCES OTHER THAN RELATIVES

NAME \_\_\_\_\_ COMPANY \_\_\_\_\_ POSITION \_\_\_\_\_

TELEPHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_ STREET CITY STATE ZIP

NAME \_\_\_\_\_ COMPANY \_\_\_\_\_ POSITION \_\_\_\_\_

TELEPHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_ STREET CITY STATE ZIP

NAME \_\_\_\_\_ COMPANY \_\_\_\_\_ POSITION \_\_\_\_\_

TELEPHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_ STREET CITY STATE ZIP

Are there any job related experiences, skills or qualifications which will be a benefit in the job for which you are applying? \_\_\_\_\_

I hereby give Keener Kitchen Manufacturing Company the right to make a thorough investigation into my previous employment, education and references. I hereby release from all liability all persons, companies and corporations supplying such information. I understand that any false answer, statement or representation made by me in this application shall constitute sufficient cause for discharge.

SIGNATURE OF APPLICANT \_\_\_\_\_