



US MILITARY OR NAVAL SERVICE \_\_\_\_\_  
 RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR  
 RESERVES \_\_\_\_\_  
 ACTIVITIES OTHER THAN RELIGIOUS (CIVIC, ATHLETIC, FRATERNAL, ECT. \_\_\_\_\_

(PLEASE EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS)

**Former Employers:** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)

DATE, MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**References:** (GIVE BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	Phone Number	BUSINESS	YEARS ACQUAINTED

**Emergency Contact:**

NAME ADDRESS PHONE NUMBER(S)

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.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**TO BE COMPLETED DAY EMPLOYMENT BEGINS**

Date \_\_\_\_\_

MARITAL STATUS: SINGLE MARRIED WIDOWED

SEX: MALE/ FEMALE CITIZEN U.S.A.: Y/ N  
 (THE ABOVE INFORMATION NEEDED FOR PENSION, HOSPITALIZATION INSURANCE, ECT. AND NOT FOR HIRING PURPOSES)

INTERVIEWED BY	DATE	REMARKS
NEATNESS	CHARACTER	
PERSONALITY	ABILITY	

**APPROVAL SIGNATURE** \_\_\_\_\_