

References: Give the names of three persons not related to you but you have known at least one year.

Name

Address

Business

Years Known

1. _____

2. _____

3. _____

Physical Condition:

Each employee is expected to lift & carry heavy items and to be able to stand on their feet for prolonged periods of time. Do you have any physical condition which may limit your ability to perform the job you applied for?

_____ yes / no.

If yes, please detail in the space below. (This question is voluntary, answers will be confidential.)

In case of emergency:

Name _____

Address _____

Phone Number _____

I authorize the investigation of all statements contained in this application. I understand that any 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 previous notice.

Date: _____

Signature: _____

Employer Information : DO NOT write below this line!

Interviewed by : _____ **Date :** _____

Remarks : _____

Neatness : _____ **Ability :** _____

Experience : _____ **Personality :** _____

Reference Confirmation : _____ **Recommendation :** _____

