

Employment Experience

Please Print

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, or protected status.

Employer	Telephone	Dates Employed		Work Performed
		<i>From</i>	<i>To</i>	
Address				
Job Title	Supervisor	Hourly Rate/Salary		
		<i>Starting</i>	<i>Final</i>	
Reason for leaving				

Employer	Telephone	Dates Employed		Work Performed
		<i>From</i>	<i>To</i>	
Address				
Job Title	Supervisor	Hourly Rate/Salary		
		<i>Starting</i>	<i>Final</i>	
Reason for leaving				

Employer	Telephone	Dates Employed		Work Performed
		<i>From</i>	<i>To</i>	
Address				
Job Title	Supervisor	Hourly Rate/Salary		
		<i>Starting</i>	<i>Final</i>	
Reason for leaving				

Employer	Telephone	Dates Employed		Work Performed
		<i>From</i>	<i>To</i>	
Address				
Job Title	Supervisor	Hourly Rate/Salary		
		<i>Starting</i>	<i>Final</i>	
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or experience:

	High School	College/University	Graduate/Professional
School Name			
Years Completed <i>Circle one</i>	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study:			

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:

Honors received:

State any additional information you feel may be helpful to us in considering your application:

In case of emergency, please contact:

Name _____ Relationship _____

Address _____ Telephone (____) ____ - ____

Applicant's Statement

I authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period, I will inquire as to whether or not applications are being accepted at that time.

I understand employment may be terminated or any offer of employment withdrawn, with or without cause and with or without prior notice, at any time at the option of the Company or the applicant.

I understand that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time or to make other commitments or promises or assure any benefit or terms and conditions of employment unless such promises are made in writing and signed by the President of the Company.

I certify that the answers given herein are true and complete to the best of my knowledge. If Specialty Products, Inc hires me, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Specialty Products, Inc.

Signature of Applicant _____ Date _____

For Personnel Department Use Only

Reference Verification

Date	Company Verifying	Name	Approved

Arrange Interview? Yes No

Interviewer _____

Date _____ Time _____

Hired? Yes No

Date of Hire _____

Job Title _____

Wage _____

Department _____

Supervisor _____

By _____
Name Title Date