

PALMER SQUARE PRINCETON

APPLICATION FOR EMPLOYMENT

Are you currently bound by any contract or agreement that would legally prevent you from being employed with us?

Yes No

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City	State	Zip	Cell Phone ()
	Email Address:			Social Security #:
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year: _____			Pay Expected: \$
	Position Desired			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			When will you be available to begin work? _____
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other special training or skills (languages, machine operation, etc.)				

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race color religion or national origin)

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EMPLOYMENT

1	Company Name	Telephone ()
	Address	Employed – (State month and year) From: _____ To: _____
	Name of Supervisor	Weekly Pay Start: _____ Last: _____
	Job Title and Describe Your Work _____	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed – (State month and year) From: _____ To: _____
	Name of Supervisor	Weekly Pay Start: _____ Last: _____
	Job Title and Describe Your Work _____	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed – (State month and year) From: _____ To: _____
	Name of Supervisor	Weekly Pay Start: _____ Last: _____
	Job Title and Describe Your Work _____	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed – (State month and year) From: _____ To: _____
	Name of Supervisor	Weekly Pay Start: _____ Last: _____
	Job Title and Describe Your Work _____	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
Employer Number (s) _____	Reason _____
_____	_____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what Branch?
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Describe any training received relevant to the position for which you are applying.

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

The information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The Laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

<input type="checkbox"/>			
<input type="checkbox"/>			<input checked="" type="checkbox"/> Are you a U.S Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>			
<input type="checkbox"/>			<input checked="" type="checkbox"/> Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, Employment is subject to verification of age.
<input type="checkbox"/>			
<input checked="" type="checkbox"/>	State names of relatives and friends working for us, other than your spouse.		
<input type="checkbox"/>			
<input type="checkbox"/>			

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The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact of this application may result in my dismissal.

I understand that acceptance of any offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

_____ Date

_____ Signature

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

T E S T R E S U L T S	Tests Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W R E S U L T S	Interviewer Name and Comments

SELECTFORM, INC. believes that the information solicited from the applicant which lies outside the special section on page 3 is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.

