



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Social Security Number: _____

DATE: _____

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NUMBER () _____

Are you related to anyone in our employ? _____ Referred by: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR EMPLOYER? _____

EVER BEEN EMPLOYED WITH THE CFBV? _____ WHEN? _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	GRADUATE? YEAR	MAJOR SUBJECTS
ELEMENTARY SCHOOL	_____	_____	_____
HIGH SCHOOL	_____	_____	_____
COLLEGE	_____	_____	_____
TRADE SCHOOL	_____	_____	_____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

ACTIVITIES: CIVIC, ATHLETIC, ETC. _____
(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, BEGINNING WITH MOST RECENT)

DATE MO/YR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES: (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS AQUANTED

IN CASE OF
EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE NUMBER

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 EMPLOYEMENT 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

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS:

ABILITY:

HIRED: _____ DEPT. _____ POSITION: _____ START DATE: _____

APPROVED: _____

DATE: _____

STARTING
WAGE: _____

