

# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin

## PERSONAL INFORMATION

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Phone No. \_\_\_\_\_ Referred by: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

## EMPLOYMENT DESIRED

Position \_\_\_\_\_

Date you Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you Employed Now? \_\_\_\_\_ Yes \_\_\_\_\_ No May we inquire of Your Present Employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Ever applied to The Buffalo American Legion before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

## EDUCATION

	Name and Location of School	Last Year Completed	Did You Graduate?	Subjects Studied
High School	_____		_____ Yes	
	_____		_____ No	
College/Trade, Business or Correspondence	_____	1 2 3 4	_____ Yes	
	_____		_____ No	

## GENERAL

Job Related Skills

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**FORMER EMPLOYEES**

list below your last four employers, starting with the last one first

Date Month & Year	Name & Address of Employer	Salary (Upon leaving)	Position	Reason for Leaving
From _____	_____	_____	_____	_____
To _____	_____	_____	_____	_____
From _____	_____	_____	_____	_____
To _____	_____	_____	_____	_____
From _____	_____	_____	_____	_____
To _____	_____	_____	_____	_____
From _____	_____	_____	_____	_____
To _____	_____	_____	_____	_____

**REFERENCES (Excluding family)**

Name	Address	Position	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AUTHORIZATION**

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested 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 \_\_\_\_\_

In Case of Emergency Notify

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

**INTERNAL USE ONLY**

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