

PORTER'S APPARELS INC.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY # _____
 LAST FIRST MIDDLE

PRESENT ADDRESS _____
 STREET CITY STATE ZIP

PERMANENT ADDRESS _____
 STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER YES _____ NO _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES _____ NO _____

SPECIAL QUESTIONS

HEIGHT: _____ FEET _____ INCHES ARE YOU A U.S. CITIZEN? YES _____ NO _____

WEIGHT: _____ LBS DATE OF BIRTH: _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____ READ _____ WRITE _____

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? YES _____ NO _____

WHY SHOULD WE GIVE YOU THIS JOB? _____

WHAT MAKES YOU SPECIAL? _____

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO TAKE ONE OR MORE PHYSICAL EXAMINATION(S), LIE DETECTOR TEST(S), AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE TO CONSENT TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY THE COMPANY AND TO RELEASE THE COMPANY, ITS DIRECTORS, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TEST(S). YES _____ NO _____

I HAVE ADVISED THAT LIE DETECTOR TESTS, AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT, ARE PROHIBITED BY LAW.

* The Age Discrimination in Employment Act of 1957 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE ?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

U.S MILITARY OR PRESENT MEMBERSHIP IN
NAVAL SERVICE _____ RANK _____ NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHO YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES _____ NO _____

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

PLEASE DESCRIBE: _____

IN CASE OF EMERGENCY NOTIFY _____
NAME ADDRESS PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, 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 PRIOR NOTICE."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

HIRED: YES _____ NO _____ POSITION _____ DEPT. _____

SALARY/ WAGE _____ DATE REPORTING TO WORK _____

APPROVED 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER