

# Franklin Wellness Center

"WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION OR NATIONAL ORIGIN: OR PHYSICAL DEFECTS"

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

CELL PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ REFERRED BY \_\_\_\_\_

### 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 \_\_\_\_\_ WHEN \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMER SCHOOL	_____			
	_____			
HIGH SCHOOL	_____			
	_____			
COLLEGE	_____			
	_____			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	_____			
	_____			

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

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

(CONTINUED ON OTHER SIDE)

**ACTIVITIES OTHER THAN RELIGIOUS  
(CIVIC, ATHLETIC, FRATERNAL, ETC.)**

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

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

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

**REFERENCES:** GIVE BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED	TELEPHONE NUMBER

**PHYSICAL RECORD:**

LIST ANY PHYSICAL DEFECTS

WHERE YOU EVER INJURED? \_\_\_\_\_ GIVE DETAILS \_\_\_\_\_

HAVE YOU ANY DEFECTS IN HEARING? \_\_\_\_\_ IN VISION? \_\_\_\_\_ IN SPEECH? \_\_\_\_\_

IN CASE OF

EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FRO 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 SALRY BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

**TO BE COMPLETED DAY EMPLOYMENT BEGINS**

DATE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_ CITIZEN U.S.A \_\_\_\_\_ SEX M/F \_\_\_\_\_

THE ABOVE INFORMATION NEEDED FOR PENSION, HOSPITALIZATION INSURANCE, ET., AND NOT FOR HIRING PURPOSES

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_ REMARKS \_\_\_\_\_

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED \_\_\_\_\_ FOR DEPT. \_\_\_\_\_ POSITION \_\_\_\_\_ WILL REPORT \_\_\_\_\_ SALARY WAGES \_\_\_\_\_

APPROVED 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER