

Do Not Write In This Space

Int. _____ Date _____

Occ. Code _____ Ind. Code _____

APPLICATION FOR EMPLOYMENT

Name _____
 (Print) (Last) (First) (Middle)

Address _____
 (No.) (Street) (Zone) (City)

(State)

(Boro)

Age	Single	No. Children	Social Security No.	Home Tel. No.
	Married	Under 18		
Sex	Widowed	No. Other		Phone No.
	Separated	Dependents		(can be reached)
	Divorced			

Date of Birth	Citizen	Ever Bonded?	With What Company
Birthplace	First Papers		

Physical Condition	Physical Defects	Color Eyes	Height
Any Chronic Illness	Eyes Speech Hearing Others	Color Hair	Weight

Chauffeur License?	Own Home Rent Board	Member of any scientific or professional organizations?
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Friends or Relatives in our employ (Indicate Relationship) _____ Referred by _____

Are you willing to take: 1. Medical Examination _____ 2. Work Test _____ 3. Intelligence Test _____	Have you responsibilities or studies outside your employment? _____
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EDUCATION AND SPECIAL TRAINING

INSTITUTIONS	NAME	NO. OF YEARS	DAY OR EXT.	DATE GRADUAT.
High School				
Elementary				
Colleges				
Technical				
Trade				
Business				

Special Courses and Majors	Degrees	Languages: Speak Read Write
		1. _____ 2. _____ 3. _____

I certify that these statements are true. Further, I authorize investigation of all statements contained in this application. If employed I agree to abide by the rules and regulations of the organization. This Corporation reserves the right and option to terminate the services of an employee at any time without notice.

A. _____
 B. _____
 C. _____
 Emp. S. _____

Interviewer Contacts

Nearest Relative (To Notify in Emergency)
 Name _____
 Address _____
 Tel. No. _____
 Date Emp. _____ Perm. Temp. _____
 Com. _____
 App. _____
 Div. _____
 Dept. _____
 Section _____
 Rate _____
 Iden. No. _____

Date _____

Signature of Applicant _____

APPLICANT'S EMPLOYMENT RECORD

WHAT WORK ARE YOU QUALIFIED TO DO? _____

Describe previous experience
(Last Position First)

DATES (Month and Year)	NAME, ADDRESS AND BUSINESS OF EMPLOYER	POSITION HELD	IMMEDIATE SUPERIOR	NATURE OF DUTIES	SALARY	REASON FOR LEAVING
1. From _____ To _____					From _____ To _____	
2. From _____ To _____					From _____ To _____	
3. From _____ To _____					From _____ To _____	
4. From _____ To _____					From _____ To _____	

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you employed at present time? _____ If so, may we inquire of your present employer? _____ Ever applied to Fair Corp. before? _____ When _____ Where _____

Describe previous Fair experience, if any. (If additional space if required attach supplementary page)

U.S. Military or Naval Service _____ Rank _____ Present membership in National Guard or Reserve _____ Draft Status _____

OFFICE APPLICANTS ONLY
Are you a Typist? _____ Words Per Min. _____ Can you take Shorthand? _____ Words Per Min. _____ What Office Machines do you operate? _____

Activities other than Religious (civic, Athletic, fraternal, etc.)

Exclude organizations, the name of characters of which indicates the race, creed, color or national origin of its members.

REFERENCES

Names and addresses of two business or professional people (not relatives) who will give you a character reference

NAME	ADDRESS	PROFESSION	TELEPHONE NO.
1.			
2.			
3.			