

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL DEFECTS THAT WOULD REQUIRE SPECIAL ACCOMODATION OR PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

WERE YOU EVER INJURED ON THE JOB? _____ GIVE DETAILS

HOW MANY SCHEDULED DAYS OF WORK DID YOU MISS IN THE LAST 2 YEARS? _____

IN CASE OF EMERGENCY NOTIFY _____
NAME ADDRESS PHONE NO.

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

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 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. I UNDERSTAND THAT I MAY BE REQUIRED TO COMPLETE A DRUG TEST PRIOR TO HIRING.

DATE _____ SIGNATURE _____

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES, SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOTWITHSTANDING THESE EFFORTS, THE

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