

**R. LEDERLEITNER**

**APPLICATION FOR EMPLOYMENT**

<b>PERSONAL</b>	DATE: _____	PHONE: (    ) _____
	SSN: _____	ALT. PHONE: (    ) _____
	DL#: _____	E-MAIL _____
	NAME: _____	_____
	LAST	FIRST
	M.I.	
ADDRESS: _____	_____	_____
STREET	CITY, STATE	ZIP
	Position Desired	Are you legally eligible for employment in the United States?
		Pay Expected
Other special Training or skills: (languages, machine operation etc.)		

<b>EDUCATION</b>	School	Name and Location of School	Course of Study	Highest Level Completed	Did you Graduate
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Membership in professional or Civic Organizations**


<b>EMPLOYMENT</b>	Company Name:	Telephone: ( )
	Address:	Date Employed From: To:
	Job title:	Salary:
	Duties:	Reason for Leaving:
	Company Name:	Telephone: ( )
	Address:	Date Employed From: To:
	Job title:	Salary:
	Duties:	Reason for Leaving:
	Company Name:	Telephone: ( )
	Address:	Date Employed From: To:
Job title:	Salary:	
Duties:	Reason for Leaving:	

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" in What Branch?
	Describe any training received relevant to the position for which you are applying: _____ _____ _____ _____		

<b>SIGNATURE</b>	The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.		
_____	_____	
Date:	Signature:	