

Bill's Service Center
509 Sonderen St.
O'Fallon, MO 63366
636-240-1255

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME (Last name, First name Middle Initial)		DATE OF BIRTH (mm/dd/yyyy) optional	POSITION APPLYING
ADDRESS (Number, Street, City, State Zip Code)			
TELEPHONE (Mobile)	SOCIAL SECURITY NUMBER	CITIZENSHIP	

EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED?	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?	
DO YOU HAVE SPECIAL SKILLS, EXPERIENCE OR QUALIFICATIONS RELATED TO THE POSITION(S) APPLIED FOR?		
DO YOU HAVE ANY PHYSICAL LIMITATIONS?	DO YOU SEEK FULL OR PART-TIME?	SHIFT OR HOURS PREFERRED

WORK EXPERIENCE (last 3 latest only)

Company / Location	Date (Year)		Position	Reason for Leaving
	From	To		

EDUCATION (most recent)

Level	School Name	Period (Year)		Degree
		From	To	

In case of accident, notify:

	Name	Relationship	Contact Number
Primary			
Secondary			

PERSONAL REFERENCES PLEASE LIST 3 NON-RELATIVES WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME AND ADDRESS	TELEPHONE	RELATIONSHIP-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.

SIGNATURE

DATE

Interviewed By

DO NOT WRITE BELOW THIS LINE

Interview Date

REMARKS

HIRED	DEPT.	POSITION	REPORTING DATE	SALARY/WAGES
Approved By	Employment Manager	Dept. Head		General Manager