



Date: _____

PERSONAL INFORMATION

Name (Last Name First)		Phone No.	
Present address	City	State	Zip Code
Permanent address	City	State	Zip Code
Referred By:		Are you a citizen of the United States?	Yes No
		If no, are you authorized to work in the U.S.?	Yes No

EMPLOYMENT DESIRED

Position	Date you can start?	Salary Desired
Are you currently employed?	If so, may we inquire of your present employer?	
Ever applied to Heider Cleaners, Inc. before?	If so, when did you apply:	

EDUCATION

Grammar School	Name and location:	Years Attended	Did you graduate?	Special courses studies?
High School	Name and location:	Years Attended	Did you graduate?	Special courses studies?
College	Name and location:	Years Attended	Did you graduate?	Special courses studies?

GENERAL INFORMATION

Subjects of special study, training and / or skills:		
Military Service?	Years in military	Highest rank achieved
Have you ever been convicted of a crime (felony or misdemeanor)? If so, give details: (Convictions are not automatic bar to employment)		

FORMER EMPLOYERS

From	Name and address	Salary	Position	Reason for leaving:
To				
From	Name and address	Salary	Position	Reason for leaving:
To				
From	Name and address	Salary	Position	Reason for leaving:
To				
From	Name and address	Salary	Position	Reason for leaving:
To				

REFERENCES (Provide the names of three persons not related to you, whom you have known for at least one year.)

Name	Address	Business	Years known
Name	Address	Business	Years known
Name	Address	Business	Years known

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date _____ Signature _____

_____ *DO NOT WRITE BELOW THIS LINE* _____

Interviewed by: _____ *Date:* _____

Remarks: