



6818 US Hwy 30 East
 Fort Wayne IN 46803
 (260) 745-4583
 FAX: (260) 748-4593
 info@koestersales.com

Date: _____

Personal Information:

Last Name: _____ First : _____ Middle: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Social Security Number: _____ Are you 18 years or older? _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Employment Desired:

Position: _____ Date you can start: _____ Salary Desired: _____

Are you currently employed? _____ If so, may be contact them? _____

Ever applied to this company before? _____ If so, when? _____

Referred by: _____

Education:

	Name and Location of School	# of years attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

General:

Subjects of special study or research work: _____

Special skills: _____

Activities (civic, athletic, etc): _____

Exclude organizations in which the name indicates the race, creed, sex, marital status, color or nation of origin of its members

U.S. Military or Naval Service: _____ Rank: _____ Present membership in National Guard or Reserves? _____

Former Employers: (List below last three employers, starting with last one first)

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best? _____

What did you like most about this job? _____

References:

Name	Address	Business	Years

In case of emergency notify:

Name: _____ Address: _____ Phone #: _____

“I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with our without cause, and with or without notice, at anytime by the company. I understand that no company representative, other than it’s President, and then only in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks: _____

Neatness: _____ Ability: _____

Hired: Yes NO Position: _____ Department: _____

Salary/Wage: _____ Date reporting to work: _____

Approved: 1. _____ 2. _____ 3. _____

Employment Manager

Department Head

General Manager