

WINDSOR THEATRE  
 103 FEDERAL STREET N.  
 P.O. BOX 303  
 HAMPTON, IA 50441

Ag III - 69-B

"WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION OR NATIONAL ORIGIN: OR PHYSICAL DEFECTS"

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

				DATE	
NAME		LAST		FIRST	
		MIDDLE			
PRESENT ADDRESS		STREET		CITY	
		STATE		ZIP	
PERMANENT ADDRESS		STREET		CITY	
		STATE		ZIP	
PHONE NO.		SOCIAL SECURITY NUMBER			
REFERRED BY					

### EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER			
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE		WHEN	

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

U. S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

ACTIVITIES OTHER THAN RELIGIOUS (CIVIC, ATHLETIC, FRATERNAL, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

(CONTINUED ON OTHER SIDE)

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

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

**REFERENCES:** GIVE BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				

**PHYSICAL RECORD:**

LIST ANY PHYSICAL DEFECTS

WERE YOU EVER INJURED? GIVE DETAILS

HAVE YOU ANY DEFECTS IN HEARING? IN VISION? IN SPEECH?

IN CASE OF  
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

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.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

**TO BE COMPLETED DAY EMPLOYMENT BEGINS**

DATE \_\_\_\_\_

HEIGHT WEIGHT AGE DATE OF BIRTH

SINGLE MARRIED WIDOWED CITIZEN U.S.A. SEX

THE ABOVE INFORMATION NEEDED FOR PENSION, HOSPITALIZATION INSURANCE, ETC., AND NOT FOR HIRING PURPOSES.

INTERVIEWED BY DATE REMARKS

NEATNESS	CHARACTER
PERSONALITY	ABILITY

HIRED FOR DEPT. POSITION WILL REPORT SALARY WAGES

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER