

BRISLIN INC.
4051 MILITARY ROAD
COLUMBUS, MS 39705

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a now-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Date of application _____

Position(s) Applied For: _____

Referred by: _____ Walk-in _____ Friend _____ Relative _____ Employment Agency _____ Other

Name _____

Address _____

Telephone (____) _____ Social Security No. _____

Date of Birth _____ Driver's License No. _____

Driver's License Exp. Date _____ Driver's License Classification _____

Marital Status ___ single ___ married ___ divorced ___ separated Dependants ___ yes ___ no

If employed and you are under 18, can you furnish a work permit _____ yes _____ no

If so, give date _____

Have you ever been employed here before ___ yes ___ no If so, give date _____

Are you employed now? ___ yes ___ no If so, may we contact your present employer? _____

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? ___ yes ___ no (Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available for work _____ full time _____ part time _____ temporary

Are you laid off and subject to recall? ___ yes ___ no Can you travel if the job requires it? _____

Have you ever been convicted of a felony? _____ yes _____ no

If yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Location of School	Years Attended	Year Graduated	Subjects
High School	_____			
College	_____			
Trade / Business School	_____			

FORMER EMPLOYMENT

	Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From	_____				
To	_____				
From	_____				
To	_____				
From	_____				
To	_____				

REFERENCES

	Name	Address	Business
1.	_____		
2.	_____		
3.	_____		

PHYSICAL RECORD

In case of emergency, notify _____

Name	Address	Phone No.
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I authorize investigation of all statements contained in the application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without previous notice. I understand, also, that I am required to abide by all rules and regulations of the employer.

Date _____ Signed _____