

**BARNEY & DICKENSON, INC.**  
**BOB MURPHY INC.**  
**APPLICATION FOR EMPLOYMENT**  
**OFFICE**

DATE \_\_\_\_\_

**PERSONAL INFORMATION**

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

REFERRED BY \_\_\_\_\_

HAVE YOU APPLIED AT THIS COMPANY BEFORE? \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

**EMPLOYMENT STATUS**

ARE YOU EMPLOYED NOW?      YES    NO

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE?      YES    NO

AVAILABLE STARTING DATE \_\_\_\_\_ SALARY DESIRED? \_\_\_\_\_

<b>EDUCATION</b>	<b>NAME &amp; LOCATION OF SCHOOL</b>	<b>GRADUATED?</b>	<b>SUBJECTS STUDIED</b>
GRAMMAR	_____	YES    NO	_____
	_____		
HIGH SCHOOL	_____	YES    NO	_____
	_____		
COLLEGE OR TRADE SCHOOL	_____	YES    NO	_____
	_____		

**PHYSICAL RECORD**

ARE YOU ABLE TO PERFORM THE JPB FUNCTIONS WITH OR WITHOUT REASONABLE  
ACCOMMODATION?    YES    NO

**FORMER EMPLOYERS** (STARTING WITH THE LAST EMPLOYER FIRST)

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ WAGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATES WORKED \_\_\_\_\_ TO \_\_\_\_\_  
POSITION \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ WAGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATES WORKED \_\_\_\_\_ TO \_\_\_\_\_  
POSITION \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ WAGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATES WORKED \_\_\_\_\_ TO \_\_\_\_\_  
POSITION \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

**COMPUTER SOFTWARE EXPERIENCE?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

IT IS AGREED AND UNDERSTOOD THAT THE EMPLOYER OR HIS AGENTS MAY INVESTIGATE THE APPLICANT'S BACKGROUND TO ASCERTAIN ANY AND ALL INFORMATION OF CONCERN TO APPLICANT'S RECORD, WHETHER SAME IS OF RECORD OR NOT, AND APPLICANT RELEASES EMPLOYERS AND PERSONS NAMED HEREIN FROM ALL LIABILITY FOR ANY DAMAGE ON ACCOUNT OF HIS FURNISHING SUCH INFORMATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE MY EMPLOYMENT FILE.

I UNDERSTAND THAT THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT AND THAT, IF HIRED, MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AT ANY TIME AT THE OPTION OF EITHER THE COMPANY OR MYSELF. THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

This application is valid for 30 days from date of submission.