

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER



DATE _____ PLACE OF BIRTH _____ DATE OF BIRTH _____

NAME _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
W-2 MAILING ADDRESS STREET CITY STATE ZIP

TELEPHONE NUMBERS _____

EMAIL ADDRESS _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME YES OR NO IF YES WHAT CRIME? _____
CIRCLE ONE

EMPLOYMENT DESIRED _____ DESIRED SALARY _____

DATE AVAILABLE _____ DATE AVAILABLE TO TRAIN _____ LAST DAY AVAILABLE TO WORK _____
SEASONAL EMPLOYMENT

ARE YOU EMPLOYED NOW? YES OR NO IF YES, MAY WE CONTACT PRESENT EMPLOYER? YES OR NO
CIRCLE ONE CIRCLE ONE

HAVE YOU EVER APPLIED TO ANY OF OUR COMPANIES BEFORE? _____ WHEN? _____ WHERE? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

SEASONAL APPLICANTS

LAST DAY OF SCHOOL (SPRING) _____ FIRST DAY OF SCHOOL (FALL) _____

ARE YOU AVAILABLE WEEKENDS? _____

GENERAL

SUBJECTS OF SPECIAL STUDY OR WORK _____

SPECIAL SKILLS _____

ACTIVITIES _____

US MILITARY OR NAVAL SERVICE? _____ RANK _____ PRESENT MEMBER IN NATIONAL GUARD OR RESERVES? _____

OVER/NEXT →

FORMER EMPLOYMENT (LIST THE LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT)

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

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST 2 YEARS)

NAME	TELEPHONE	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY PLEASE NOTIFY _____
NAME ADDRESS TELEPHONE

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THE APPLICATION IS TRUE AND COMPLETE, AND 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 AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING"

SIGNATURE _____ **DATE** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS _____

NEATNESS _____ ABILITY _____

HIRED _____ POSITION _____ SALARY _____

START DATE / NOTES _____