

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION (please print)

NAME (LAST NAME, FIRST NAME MI)			DATE
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE NO. ()	OTHER NAMES USED: (I.E., MAIDEN NAME, AKAs)		REFERRED BY:

EMPLOYMENT DESIRED

POSITION	F/T	P/T	DATE YOU CAN START	SALARY DESIRED
ARE YOU PRESENTLY EMPLOYED?	YES	NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES NO
HAVE YOU EVER APPLIED TO WORK FOR THIS COMPANY BEFORE?	YES	NO	WHEN	EXPLAIN

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	GRADUATED Yes/No	SUBJECTS STUDIED
HIGH SCHOOL		
COLLEGE		
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL		

GENERAL INFORMATION

ARE YOU WILLING TO WORK OVERTIME?	YES	NO
ARE YOU AT LEAST 18 YEARS OLD?	YES	NO
IF NOT, CAN YOU PROVIDE A VALID WORK PERMIT, HIGH SCHOOL DIPLOMA, OR EQUIVALENT?		
YES NO		
WHAT LANGUAGES DO YOU SPEAK, READ, OR WRITE FLUENTLY? (INCLUDE ENGLISH AS A LANGUAGE)		
SPEAK:	READ:	WRITE:
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK?	YES	NO
ARE THERE ANY TIMES DURING THE WEEK THAT YOU ARE NOT AVAILABLE TO WORK?	YES	NO
IF SO, PLEASE EXPLAIN:		
CAN YOU WORK ALL HOLIDAYS?	YES	NO
DO ANY OF YOUR RELATIVES WORK FOR THIS COMPANY?	YES	NO IF SO, WHO?

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES? YES NO (Note: Conviction will not necessarily disqualify applicant)				
IF SO, PLEASE EXPLAIN:				
HOW DID YOU FIND OUT ABOUT THIS JOB?				
Former Employers (LIST BELOW LAST TEN YEARS OF EMPLOYMENT, STARTING WITH LAST ONE FIRST)				
DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM		START PAY		
TO	SUPERVISOR MAY WE CONTACT YES NO	PHONE	LAST PAY	
DESCRIBE THE WORK YOU DID				

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM		START PAY		
TO	SUPERVISOR MAY WE CONTACT YES NO	PHONE	LAST PAY	
DESCRIBE THE WORK YOU DID				
DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM		START PAY		
TO	SUPERVISOR MAY WE CONTACT YES NO	PHONE	LAST PAY	
DESCRIBE THE WORK YOU DID				

CERTIFICATION AND ACKNOWLEDGEMENT

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.

I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment. In addition, I hereby release the company, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure.

I acknowledge that, if employed, both the company and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at-will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.

I also understand and agree that no representative of the company has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date: _____ Applicant's Signature: _____

Date: _____ Interviewed By: _____