

Application for Employment & Pre-Employment Questionnaire

We are an Equal Opportunity Employer

PERSONAL INFORMATION

Name (last, first) _____		Social Security # _____	
(____) - ____ - _____	(____) - ____ - _____	From: _____ am/pm to: _____ am/pm	
Phone # _____	Alt#/Cell# _____	Best Hours to reach you? _____	
Present Address _____		City _____	State _____ Zip _____
Permanent Address _____		City _____	State _____ Zip _____
Are you over 17 years of age? [] Yes [] No		Are you a U.S. citizen or an alien	
If under 18, do you have working papers? [] Yes [] No		authorized to work in the U.S.? [] Yes [] No	
Have you ever been convicted of a crime? [] Yes [] No		If Yes, please give details below: _____	
Conviction of a crime does not necessarily disqualify and applicant from a job applied for.			

DESIRED EMPLOYMENT

Position applying for? _____	Earliest start date? ____/____/____	Hours available? _____	Desired Salary \$____./Hr.
Are you employed now? [] Yes [] No		May we contact your current employer? [] Yes [] No	
Have you ever applied to this company before? [] Yes [] No		If yes when? _____	
Have you ever worked for this company before? [] Yes [] No		If yes when? _____	
Reason for leaving? _____			
What brought you to this organization? [] News paper [] friend/employee [] school [] other			

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR OTHER				

GENERAL INFORMATION

Subjects of special interest or research? _____
Special Training? _____
Special Skills? _____
Do you speak any foreign languages? [] Yes [] No Read? [] Yes [] No Write? [] Yes [] No

EMPLOYMENT HISTORY

Please list your last three employers, starting with the most recent.

From Mo/Yr	To Mo/Yr	Employer Name, Complete Address & phone #	Principle Duties	Salary Beg/End	Supervisor's Name, Title, Ph	Can we contact?	Reason for leaving

SERVICE RECORD

_____	_____ / _____ / _____	_____
Branch of Service	Discharge Date	Rank
_____	_____ / _____ / _____	
Present Membership in National Guard/Reserves	Date obligation ends	

REFERENCES

Below, please list the names of three persons you are not related to, whom you have know for at least one year.

NAME	COMPLETE ADDRESS & PHONE #	BUSINESS	YEARS ACQUAINTED

Is there any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work record? Explain

I understand and agree that I may be required to undergo a physical examination and/or a substance test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its Directors, officers, agents or employees form any claim arising in connection with the use of such test(s). [] Yes [] No.

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnish same to you.

I understand and agree that is hired 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 prior notice.

Date: / / Signature: