

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION					Date
Name			Social Security Number		LAST
Last	First	Middle			
Present Address					
Street	City		State	Zip	
Permanent Address					
Street	City		State	Zip	
Phone Number		Are You 18 Years Or Older		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of VISA or immigration status?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

EMPLOYMENT DESIRED			FIRST
Position	Date You Can Start	Salary Desired	
Are You Employed Now?			
If So May We Inquire Of Your Present Employer?			
Ever Applied to this Company Before?		Where?	When?
Referred By			

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED	MIDDLE
Grammar School					
High School					
College					
Trade, Business or Correspondence School					

GENERAL Subjects of Special Study or Research Work		
Special Skills		
Activities: (Civic, Athletic, Etc.) Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members		
U.S. Military or Naval Service	Rank	Present Membership in National Guard or Reserves

* This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

(continued on other side)

FORMER EMPLOYERS (List below last three employers, starting with the last one first)

Date Month and Year	Name and Address of Employer Phone Number	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

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 at least one year.

Name Phone Number	Address	Business	Years Acquainted
1			
2			
3			

In Case of
Emergency Notify:

Name

Address

Phone Number

"I certify that all the information submitted by me on this 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 I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, 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 to make any agreement contrary to the foregoing."

Date _____

Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed By _____ Date _____

Remarks _____

Neatness _____ Ability _____

Hired Yes No Position _____ Dept. _____

Salary / Wage _____ Date Reporting to Work _____

Approved: 1. _____ 2. _____ 3. _____
Employment Manager Dept. Head General Manager