



APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION				DATE
NAME				SOCIAL SECURITY NUMBER
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
EMAIL ADDRESS				
PHONE NO.		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"/>		

LAST

FIRST

EMPLOYMENT DESIRED		
POSITION	DATE YOU CAN START	DESIRED SALARY
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
REFERRED BY		

MIDDLE

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
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	YES	NO	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	YES	NO
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*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

FORMER EMPLOYERS [LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT]

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
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 FOR AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"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 MISINTERPERATIONS 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 CONFIRM 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, 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 ITS 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 AGREE CONTRARY TO THE FORGOING"

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

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.