

APPLICATION FOR EMPLOYMENT

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

NAME: _____ SOCIAL SECURITY #: ____ - ____ - ____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE #: _____ ARE YOU 18 YEARS OR OLDER: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING
 EMPLOYED IN THIS COUNTRY BECAUSE OF
 VISA OR IMMIGRATION STATUS: YES _____ NO _____

EMPLOYMENT DESIRED

POSITION _____
 DATE YOU CAN START ___/___/___ SALARY DESIRED _____
 ARE YOU EMPLOYED NOW? _____
 MAY BE CONTACT YOUR CURRENT EMPLOYER? _____
 EVER APPLIED TO THIS COMPANY BEFORE? _____
 WHERE? _____ WHEN? _____
 REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/ BUSINESS SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS: _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.):

EXCLUDE ORGANIZATIONS. THE NAME OF WHICH INDICATES RACE, CREED, SEX, AZ, MARITAL STATUS, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

US MILITARY OR NAVAL SERVICE _____

RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

PREVIOUS EMPLOYERS (LIST BELOW LAST 3 STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	DATE MONTH AND YEAR
				FROM:
				TO:
				FROM:
				TO:
				FROM:
				TO:
				FROM:
				TO:

WHICH OF THESE DID YOU LIKE BEST? _____

WHAT DID YOU LIKE ABOUT IT? _____

REFERENCES: GIVE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.

NAME	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 CONFIRM 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 WITHOUT NOTICE. AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THEN its PRESIDENT, AND THEN ONLY IN WRITING BY THE PRESIDENT HAS AND 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: _____

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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ Date _____

REMARKS: _____

NEATNESS: _____

ABILITY _____

HIRED YES/NO POSITION _____ DEPT _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____