



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

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YRS OR OLDER? YES _____ NO _____

ARE YOU PREVENTED FROM LAWFULLY BEING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION REQUIREMENTS? YES _____ NO _____

IF HIRED WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK?
_____ YES _____ NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES _____ NO _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES _____ NO _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

LIST ANY RELATIVES WORKING FOR US? _____

REFERRED BY: _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE OR BUSN.	_____	_____	_____	_____

GENERAL

AWARDS, SCHOLARSHIPS, LICENSES, ETC. _____

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.

US MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD RESERVES _____

FORMER EMPLOYERS (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH/YEAR **NAME & ADDRESS OF EMPLOYER** **SUPERVISOR** **POSITION HELD** **REASON FOR LEAVING**

FROM _____

TO _____

DESCRIBE MAJOR JOB DUTIES _____

FROM _____

TO _____

DESCRIBE MAJOR JOB DUTIES _____

FROM _____

TO _____

DESCRIBE MAJOR JOB DUTIES _____

DRIVING EXPERIENCE (if applying for non driving positions please leave blank)

CLASS OF DRIVERS LICENSE _____ **STATE WHICH IT WAS ISSUED** _____

OTHER DRIVING EXPERIENCE _____

REFERENCES: GIVE THE NAMES OF TWO PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	PHONE	NUMBER YEARS ACQUAINTED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

In Case of emergency please contact _____ **Phone** _____

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 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 AGREEMENT CONTRARY TO THE FOREGOING.

DATE _____

SIGNATURE _____