

## **APPLICATION FOR EMPLOYMENT**

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

PERSONAL INFORMATION	Date:
Name: Last First	Social Security #:
	Middle
Present Address:	CITY STATE ZIP
Permanent Address:	
Phone Number:	CITY STATE 7IP
	NG EMPLOYED IN THIS COUNTRY BECAUSE OF VISA
OR	
IMMIGRATION STATUS? Yes No	
EMPLOYMENT DESIRED	
	D: O-l
Position: Date y Are you employed now? Yes No If so.	you can start: Desired Salary:\$, may we inquire of your present employer? Yes No
Have you ever applied with our company before	ore? Yes No
If so, Where? W	Vhen?
EDUCATION	
Name & Location of School	Years Did You <u>Attended Graduate? Subjects Studied</u>
Grammar School:	
High School:	
College:	
Trade, Business, Or	
Correspondence School:	
GENERAL	
Subjects of Special Study or Research Work:	
Special Skills:	
*Activities (Civic, Athletic, etc.):	
, , ,	s 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 Res	eserves:

PRE-HIRE AND RANDOM DRUG TESTING IS REQUIRED FOR EMPLOYMENT

FORMER EMPLOYERS (List below last three employers, staring with last one first)							
From To From	Name & Address of Employer			Reason for	Leaving		
Which of these job	s 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	Address			Business	Years Acquainted		
1							
3							
INCASEOFEMERGENCYNOTIFY:							
Name:	Address:	Address:			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, 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:				····		
DONOTWRITEBELOWTHISLINE							
Interviewed By:	Ву:			Date:			
Remarks:		· · · · · · · · · · · · · · · · · · ·					
Neatness:	Ability:				· · · · · · · · · · · · · · · · · · ·		
Position:	Date Reporting To Work:						