



Application for Employment
 (Pre-employment Questionnaire) (An Equal Opportunity Employer)

Personal Information

Date: _____

Name: _____ Social Security #: _____
Last First M.I.

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone # (s): _____ Are you 18 years of Age? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Employment Desired

Position: _____ Available Start Date: _____

If so, may we inquire
of your present employer?

Are you Employed Now? _____

Ever applied to this company before? _____ When? _____

Referred by: _____

Education	Name and Location	# of Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

Are you Currently Attending School? Yes No If so, Full Time or Part Time ?

General

Subjects of Special Study or research Work: _____

Special Skills: _____

Activities: (civic, athletic, school, etc.) _____

Exclude organizations, the name of which indicates the race, creed, age, marital status, color or nation of origin of its members

Former Employers (List below last 4 employers, Starting with most recent job first)

Date Month and Year	Name, Address, & Phone 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 3 persons not related to you whom you have known at least one year)

Name	Address & Phone	Business	Years Acquainted

In case of
Emergency Notify

Name	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 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

Please fill out:

Availability:	Thursday:
Monday:	Friday:
Tuesday:	Saturday:
Wednesday:	Sunday:
Preferred # of Shifts:	Hours per Week: