

APPLICATION FOR EMPLOYMENT

Type or print in BLACK ink ONLY (Pre-Employment Questionnaire-An Equal Opportunity Employer)

Date: _____

Position Applying for: _____

PLEASE PRINT LEGIBLY

Are you at least 18 years of age? Yes No

Name: _____
Last First M.I.

Present Address: _____
Street City State/Zip

Permanent Address: _____
Street City State/Zip

Phone: _____ Alternate Phone: _____ Email Address: _____

Reliable Transportation? Yes No

Were you referred by a current employee? Yes No If yes, who? _____

If accepted for employment do you agree to work nights, holidays, Friday, at least one weekend day as scheduled? Yes No

| | | | | | | | |
|---|----------|--------|--------|---------|-----------|----------|--------|
| Indicate Days and Hours Available to work | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday |
| | | | | | | | |

Dates Available to start working: _____ How many hours a week can you work? _____

Education History

| School Type | Name and City | Major course, diploma or subject | Graduated? | Degree Received |
|---------------------------------|---------------|----------------------------------|------------|-----------------|
| High School | | | | |
| Colleges | | | | |
| Other Education or Trade School | | | | |

| | |
|---|--|
| List academic honors, scholarships, fellowships | |
|---|--|

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|--|--|
| List languages you can speak, read or write fluently | |
|--|--|

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case (s).

Personal References

| Name | Phone number and E-mail address | Relationship | How long have you known this person |
|------|---------------------------------|--------------|-------------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

FORMER EMPLOYERS

| LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT | | | |
|--|---------------------|-------|--|
| NAME OF PRESENT OR LAST EMPLOYER: | | | |
| Address | City | State | Zip |
| Starting Date | Leaving Date | | Job Title |
| Weekly Starting Salary | Weekly Final Salary | | May we contact your supervisor? Yes No |
| Name of Supervisor | Title | | Phone |
| Description of Work | | | |
| REASON FOR LEAVING | | | |

| | | | |
|-----------------------------------|---------------------|-------|--|
| NAME OF PRESENT OR LAST EMPLOYER: | | | |
| Address | City | State | Zip |
| Starting Date | Leaving Date | | Job Title |
| Weekly Starting Salary | Weekly Final Salary | | May we contact your supervisor? Yes No |
| Name of Supervisor | Title | | Phone |
| Description of Work | | | |
| REASON FOR LEAVING | | | |

| | | | |
|-----------------------------------|---------------------|-------|--|
| NAME OF PRESENT OR LAST EMPLOYER: | | | |
| Address | City | State | Zip |
| Starting Date | Leaving Date | | Job Title |
| Weekly Starting Salary | Weekly Final Salary | | May we contact your supervisor? Yes No |
| Name of Supervisor | Title | | Phone |
| Description of Work | | | |
| REASON FOR LEAVING | | | |

Any additional information you would like us to know. Skills/abilities.

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AUTHORIZATION

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE”.

Date: _____ Signature: _____