



**Application for Employment, Pre-employment Questionnaire,
An Equal Opportunity Employer**

Date		Social Security #	
Name (last name first)			
Address (street, apt #)			
City	State	Zip	
Home Phone	Cell Phone		
Are you 18 years or older? Yes No			

Desired Employment

Position	Date you can Start	Desired wage
Are you eligible for employment in the USA? Yes No		
Are you currently employed? Yes No Where?		
Have you ever applied with this company before? Yes No		
Have you ever worked for this company before? Yes No		
If Yes, what was your reason for leaving?		
How were you referred to this company?		

Please list your availability (circle all shifts you can work)

<i>Am (8a-4p)</i>	Mon	Tues	Wed	Thur	Fri	Sat	Sun	<i>Full time</i>
<i>Pm (4p-2a)</i>	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	<i>Part Time</i>

Are there any upcoming events that would effect your availability?

Education

Grammar School Name and Location	Years attended	Did You Graduate?	Subjects Studied
High School Name and Location	Years attended	Did You Graduate?	Subjects Studied
College/University Name and Location	Years attended	Did You Graduate?	Subjects Studied
Trade School Name and Location	Years attended	Did You Graduate?	Subjects Studied

General

Subjects of Special Study or Research Work
Special Training
Special Skills

Former Employers below list three employers starting with the most recent

Employers Name	Starting Date	Leaving Date
Address		
City	State	Zip
Phone Number	Supervisors Name	Title
Job Title	Starting Pay	Leaving Pay
Description of work		
Reason for leaving		

Employers Name	Starting Date	Leaving Date
Address		
City	State	Zip
Phone Number	Supervisors Name	Title
Job Title	Starting Pay	Leaving Pay
Description of work		
Reason for leaving		

Employers Name	Starting Date	Leaving Date
Address		
City	State	Zip
Phone Number	Supervisors Name	Title
Job Title	Starting Pay	Leaving Pay
Description of work		
Reason for leaving		

Please List Three References

Name	Address	Phone #	Years Acquainted
Name	Address	Phone #	Years Acquainted
Name	Address	Phone #	Years Acquainted

Service Record

Branch of Service	Discharge Date	Rank
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Have you ever been convicted of a felony within the last 5 years? Yes No

If yes, please explain. (will not necessarily exclude you from consideration)

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 in 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 employer for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

Date: **Signature:**