



## APPLICATION FOR EMPLOYMENT

{Pre-Employment Questionnaire} {An Equal Opportunity Employer}

DATE:

PERSONAL INFORMATION			
<b>NAME:</b>	LAST:	FIRST:	MIDDLE:
<b>PRESENT ADDRESS:</b>			
STREET:		CITY:	STATE:      ZIPCODE:
<b>PERMANENT ADDRESS:</b>			
STREET:		CITY:	STATE:      ZIPCODE:
HOME PHONE NUMBER:		MOBILE NUMBER:	
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? (YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION.) <input type="checkbox"/> YES <input type="checkbox"/> NO			

POSITION APPLYING FOR						
POSITION:			DATE YOU CAN START:		DESIRED WAGE:	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER:			
HAVE YOU EVER APPLIED TO I WANT COMMUNICATIONS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHAT LOCATION?		WHEN?	
ARE YOU LOOKING FOR FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			WOULD YOU BE AVAILABLE TO WORK FAIRS, PARADES AND OTHER COMPANY SPONSORED EVENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>WHAT HOURS ARE YOU AVAILABLE?</b>						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TO	TO	TO	TO	TO	TO	TO
REFERRED BY:						

EDUCATION				
	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL
IN ADDITION TO YOUR WORK HISTORY, ARE THERE OTHER SKILLS, QUALIFICATIONS, OR EXPERIENCE THAT WE SHOULD CONSIDER?

EMPLOYMENT HISTORY			
COMPANY NAME:		ADDRESS:	
TELEPHONE:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF SUPERVISOR:	
DATE STARTED:	STARTING WAGE:	STARTING POSITION:	
DATE ENDED:	ENDING WAGE:	ENDING POSITION:	
RESPONSIBILITIES:			
REASON FOR LEAVING:			

EMPLOYMENT HISTORY			
COMPANY NAME:		ADDRESS:	
TELEPHONE:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF SUPERVISOR:	
DATE STARTED:	STARTING WAGE:	STARTING POSITION:	
DATE ENDED:	ENDING WAGE:	ENDING POSITION:	
RESPONSIBILITIES:			
REASON FOR LEAVING:			

EMPLOYMENT HISTORY			
COMPANY NAME:		ADDRESS:	
TELEPHONE:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF SUPERVISOR:	
DATE STARTED:	STARTING WAGE:	STARTING POSITION:	
DATE ENDED:	ENDING WAGE:	ENDING POSITION:	
RESPONSIBILITIES:			
REASON FOR LEAVING:			

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.				
1.	NAME	ADDRESS	BUSINESS	YEARS KNOWN
2.				
3.				

"I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the owner has any authority to alter the foregoing.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_