



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

| | | | | |
|--|-------|----------------------------|-------|--|
| | | | | DATE |
| NAME | | | | SOCIAL SEC. NUMBER |
| LAST | FIRST | MIDDLE | | |
| PRESENT ADDRESS | | | | |
| STREE | | CITY | STATE | ZIP |
| PERMANENT ADDRESS | | | | |
| STREE | | CITY | STATE | ZIP |
| PHONE NO. () - | | ARE YOU 18 YEARS OF OLDER? | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

EMPLOYMENT DESIRED

| | | |
|---|--|----------------|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/> | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> | WHERE? | WHEN? |
| REFERRED BY | | |

| | NAME & LOCATION OF SCHOOL | NO. OF YEARS ATTENDES | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|---------------------------|-----------------------|-------------------|------------------|
| GRAMMAR SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

[Exclude organizations, the name of which indicates 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 RESERVES

* This form has been revised to comply with the provisions of the American with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

LAST

FIRST

MIDDLE

FORMER EMPLOYERS [LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST]

| DATE MONTH & YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|----------------------|------------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

WHICH OF THESE JOBS DO 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 | | | | |
| 2 | | | | |
| 3 | | | | |

"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

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS

ABILITY

HIRED YES NO

POSITION

DEPARTMENT

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER