

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Social Security No. _____ Phone No. _____

Address: _____
(Street) (Apt) (City) (State) (Zip Code)

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary desired: _____

Are you employed? Yes ___ No ___ If so, may we inquire of your present employer? Yes ___ No ___.

EDUCATION

What grade of school did you or have you completed? _____

Did you complete High School? Yes ___ No ___

Describe any especial training or skills

FORMER EMPLOYERS (List below last three employers, starting with last one first)

From: _____ to: _____ Name of employer or company: _____ Phone No. _____

Salary: _____ Position: _____ Reason for leaving: _____

From: _____ to: _____ Name of employer or company: _____ Phone No. _____

Salary: _____ Position: _____ Reason for leaving: _____

From: _____ to: _____ Name of employer or company: _____ Phone No. _____

Salary: _____ Position: _____ Reason for leaving: _____

REFERENCES: (Give below the name of three persons NOT RELATED TO YOU, whom you have known at least one year)

NAME	BUSINESS	PHONE NO	YEARS KNOWN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

"I certify that the statements 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 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____ Signature _____

Interviewed by _____ Date _____

DO NOT WRITE BELOW THIS LINE

REMARKS

HIRED _____ POSITION _____ PAY RATE _____

APPROVED 1. _____ 2. _____
(Store Manager) (Operations Manager)