

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

LAST NAME		FIRST NAME		M.I.	SOCIAL SECURITY NO.		DATE
MAILING ADDRESS		APT. NO.	CITY			STATE	ZIP CODE
STREET ADDRESS		APT. NO.	CITY			STATE	ZIP CODE
PHONE NO.	ARE YOU 18 YEARS OR OLDER? ____ YES ____ NO		NAME FOR EMERGENCY POINT OF CONTACT (POC)			EMERGENCY POC PHONE NO.	
DO YOU HOLD A VALID DRIVER'S LICENSE? ____ YES ____ NO		IF YES, WHAT TYPE DRIVER'S LICENSE HELD?			DRIVER'S LICENSE NO.		
REFERRED BY:			APPLICANT CELL PHONE: _____				

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW? ____ YES ____ NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ____ YES ____ NO			PRESENT EMPLOYER NAME AND PHONE NUMBER	
EVER APPLIED TO THIS COMPANY BEFORE? ____ YES ____ NO		WHERE?		WHEN?	

EDUCATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT? ____ YES ____ NO					
COLLEGE, TRADE, BUSINESS OR CORRESPONDENCE SCHOOL NAME AND LOCATION OF SCHOOL:		DID YOU GRADUATE ____ YES ____ NO	SUBJECTS STUDIED		DEGREE OR CERTIFICATE

GENERAL

SUBJECTS OF SPECIAL STUDY OR EDUCATION
SPECIAL TRAINING/JOB RELATED SKILLS
ACTIVITIES OTHER THAN RELIGIOUS

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FORMER EMPLOYERS List below your last four employers, starting with the most recent first.

DATE MONTH AND YEAR	NAME, ADDRESS, PHONE NO. OF EMPLOYER	DEPARTING SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES List below three persons not related to you , whom you have known at least one year.

NAME	ADDRESS AND PHONE NO.	BUSINESS	YEARS KNOWN
1			
2			
3			

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identify and eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) 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 understand that any employment is conditional on a background check. 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 understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work if required. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date _____ **Signature** _____