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APPLICATION FOR EMPLOYMENT / PRE-EMPLOYMENT QUESTIONNAIRE

This company makes its employment decisions without regard to race, color, sex, national origin, religion, marital status, age, prior industry, disability, or any other protected classification unrelated to job performance.

Date of Application _____

PERSONAL INFORMATION

Name _____
LAST FIRST MIDDLE

Present Address _____ City _____ State _____ Zip Code _____

Permanent Address _____ City _____ State _____ Zip Code _____

Telephone # _____ Email _____

If you are under 18, and it is required, can you furnish a work permit? Yes _____ No _____

If no, please explain. _____

Are you legally eligible for employment in this country? Yes _____ No _____

Driver's license # (if driving is an essential job function) _____ State of Issue _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Date available for work _____ What is your desired salary range? _____

Type of employment desired (please circle one) Full Time Part Time Seasonal

How were you referred to this position? _____

Have you ever been employed by this Company before? Y / N If yes, give dates and positions _____

ABILITY TO PERFORM ESSENTIAL JOB FUNCTIONS

Are you able to meet the attendance requirements of the position? Yes _____ No _____

Are there any requirements of the job which you may be unable to perform? Yes _____ No _____

If yes, please explain. _____

Any reasonable accommodations which you may need: _____

EDUCATIONAL BACKGROUND

| School (include City & State) | # of Years | Level of Completion | Course Of Study |
|-------------------------------|------------|---------------------|-----------------|
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| | | | |
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SKILLS AND QUALIFICATIONS

Other qualifications such as special skills, abilities, or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Check off any of these skills in which you are proficient: () Word () Excel () MS Office () Power Point () Internet

Professional licenses, certifications or registrations:

Are there additional skills (including supervisory skills, other languages, or information regarding the career/occupation) you wish to bring to the employers attention?

Activities: (civic, athletic, etc.)

(Exclude any 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 _____

Duty/specialized training: _____

Present Member in National Guard or Reserves: Yes _____ No _____

EMPLOYMENT HISTORY

Provide the following information about your past four (4) employers, assignments or volunteer activities, starting with the most recent:

From _____ To _____ Employer _____ Job Title _____

Supervisor & Title _____ Nature of Work Performed _____

Business Address _____ City _____ State _____ Zip Code _____

May we contact for reference? _____ Compensation Hourly () Salary () Start \$ _____ Final \$ _____

Reason For Leaving _____

From _____ To _____ Employer _____ Job Title _____

Supervisor & Title _____ Nature of Work Performed _____

Business Address _____ City _____ State _____ Zip Code _____

May we contact for reference? _____ Compensation Hourly () Salary () Start \$ _____ Final \$ _____

Reason For Leaving _____

From _____ To _____ Employer _____ Job Title _____

Supervisor & Title _____ Nature of Work Performed _____

Business Address _____ City _____ State _____ Zip Code _____

May we contact for reference? _____ Compensation Hourly () Salary () Start \$ _____ Final \$ _____

Reason For Leaving _____

From _____ To _____ Employer _____ Job Title _____

Supervisor & Title _____ Nature of Work Performed _____

Business Address _____ City _____ State _____ Zip Code _____

May we contact for reference? _____ Compensation: Hourly () Salary () Start \$ _____ Final \$ _____

Reason For Leaving _____

REFERENCES

| Name | Title | Relationship | Telephone | # of Years Known |
|------|-------|--------------|-----------|------------------|
| | | | | |
| | | | | |
| | | | | |

CONTACT

In case of accident or illness, please contact: Name: _____ Phone: _____

Address: _____ Relationship: _____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1. cancel further consideration of this application, or 2. immediately discharge me from the employer's service, whenever it is discovered.

Incomplete applications will not be considered.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____