# APPLICATION FOR EMPLOYMENT

## PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

1. NAME (LAST) (FIRST) (MID	DLE)	2. S.S.N.		INST	RUCTIONS		
			PLE	PLEASE READ BEFORE COMPLETING THIS		G THIS FORM.	
3. ADDRESS (NUMBER, STREET, CITY, ZIP COD	ADDRESS (NUMBER, STREET, CITY, ZIP CODE)						
			•				
			•	Each item on the form n If an item does not appl		ole (N/A) in the	
				space provided. In item	6, list the position for	which you wish	
4. DATE OF APPLICATION		5. PHONE #.		to be considered (you wi which is open at the time			
		HOME:		possible.			
(MO) (DAY) (YEA	AR)		•	Applications must be sig- last page of this form.	gned and dated by the	e applicant on the	
6. POSITION FOR WHICH YOU WISH TO BE CONSI		WORK:		and page of and form			
7. If you worked for the this company in the past, comple (a) Dates of Employment (month, year)		b below: b) Position					
(a) Dates of Employment (month, year)		b) Position					
From: To: 8. If any members of your family presently works for this		:4 0 - 4ll-	L L -1				
(a) Name and relationship		b) Title of Position					
•	,						
10. If you have ever as an adult been convicted of a mis Include date of conviction, nature and disposition of	f offense.		traffic violatio	on, give details in item 10	O a.		
NOTE: A conviction does not necessarily prevent y  (a)	our employment wit	h this company.					
11. Are you a citizen of the United States? Yes □ No □ If no, do you have the legal right to work in the Unite		о 🗆					
All new employees will be required to complete a I to work in the United States.	Form I-9 and provid	de documents esta	blishing thei	r identity and eligibility	7		
12. EDUCATION							
(a) Do you have a high school diploma? Yes $\square$ No $\square$							
If no, highest grade completed							
(b) If no high school diploma earned, do you have a GED	O? Yes □ No □						
(c) Name and location (City, State, and Zip Code,		DATES ATTEN	DED				
if known) of college or university. (If you expect to graduate within 9 months, give month and year		FROM		MAJOR		DID YOU GRADUATE?	
year you expect degree.)			TO	MAJOR	TYPE		
					OF DEGREE	YES/NO	
(d) Other Schools or training (for example, trade, vocation Use additional sheet(s) if necessary.	ional, armed forces, o	or business). Give f	or each the c	ourse name, dates, and tr	aining organization.		
13. List special qualifications and skills:							

16. <b>Experience:</b> (Start with your present posi-	ion and work ba	ack) Account for po	eriods of unemployment.			
			sents qualifying experience for the position for which			
DATES OF EMPLOYMENT (MONTH/YEAR	3)		TITLE OF POSITION.			
FROM: TO:						
SALARY OR EARNINGS		AVG. HOURS	NAME AND ADDRESS OF EMPLOYER			
STARTING \$ PER YR.		PER WEEK	NAME			
ENDING \$	PER YR.		ADDRESS			
NAME AND TITLE OR IMMEDIATE SUPE	RVISOR					
AREA CODE AND PHONE NO.		REASON FOR I	LEAVING			
DESCRIPTION OF WORK		1				
DATES OF EMPLOYMENT (MONTH/YEAR	2)		TITLE OF POSITION.			
FROM: TO:						
SALARY OR EARNINGS		AVG. HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER			
STARTING \$	PER YR.	TER WEEK	NAME			
ENDING \$	PER YR.		ADDRESS			
NAME AND TITLE OR IMMEDIATE SUPE	RVISOR					
AREA CODE AND PHONE NO. REASON FOR I		REASON FOR I	LEAVING			
DESCRIPTION OF WORK						
DATES OF EMPLOYMENT (MONTH/YEAR	<u> </u>		TITLE OF POSITION.			
FROM: TO:	<i>(</i> )		11122 5. 1 651115.			
SALARY OR EARNINGS		AVG. HOURS	NAME AND ADDRESS OF EMPLOYER			
STARTING \$	PER YR.	PER WEEK	NAME			
ENDING\$	PER YR.		ADDRESS			
NAME AND TITLE OR IMMEDIATE SUPE	RVISOR	<u> </u>				
AREA CODE AND PHONE NO.		REASON FOR I	LEAVING			
DESCRIPTION OF WORK		L				

REFERENCES: GIVE BELOW THE NAMES OF THHREE PERSONS NOT RELATED TO YOU, WHOM YOUHAVE KNOWN AT LEAST ONE YEAR.							
NAME	ADDRESS	BUSINESS	YEARS KNOWN				

NOTE: USE ADDITIONAL SHEETS IF NECESSARY. ATTACH INSIDE APPLICATION FORM

#### **EFFECTS OF NONDISCLOSURE**

It is in your best interest to answer all questions. Your failure to complete the form may jeopardize your opportunity for employment.

#### DISCLOSURE OF SOCIAL SECURITY NUMBER

The Social Security Act of 1976 provides for soliciting social security numbers, and disclosure on your part is mandatory to obtain the benefits you are seeking.

#### **AUTHORIZATION**

"I Certify that the facts 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 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 damages 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.

APPLICATION'S SIGNATURE
DATE (Month/Day/Year)

### **Availability**

	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Start	a.m./p.m.						
End	a.m./p.m.						