

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

| | | | | |
|---|----------|------------|---------------------|-----|
| NAME (LAST NAME FIRST MIDDLE) | | | SOCIAL SECURITY NO. | |
| PRESENT ADDRESS | APT. NO. | CITY | STATE | ZIP |
| PERMANENT ADDRESS | APT. NO. | CITY | STATE | ZIP |
| ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | HOME PHONE | CELL PHONE | |

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

SPECIAL QUESTIONS

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THE FRAMED AREA UNLESS THE EMPLOYER HAS **CHECKED A BOX PRECEDING** A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- Height _____ feet _____ inches Are you a U.S. citizen? Yes _____ No _____
 Weight _____ lbs. Date of Birth* _____
 What Foreign Languages do you speak fluently? _____ Read _____ Write _____

Have you been:
 Convicted of a felony or misdemeanor within the last 5 years? ** Yes _____ No _____
 Placed on probation or terminated for poor job performance? Yes _____ No _____
 Disciplined or fired for insubordination? Yes _____ No _____
 Disciplined or discharged for violating a safety rule? Yes _____ No _____
 Disciplined or terminated for absenteeism, tardiness, failure to notify your company when absent or any other attendance-related reason? Yes _____ No _____
 Disciplined or fired for fighting, assault or similar offenses? Yes _____ No _____
 Disciplined or discharged for being under the influence of alcohol or drugs, or for possession, use or abuse of alcohol or drugs? Yes _____ No _____
 If you answered yes to any of the above questions, please describe: _____

- I understand and agree that I may be required to take one or more: physical examination; lie detector test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes _____ No _____
 I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. Yes _____ No _____

**You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

EMPLOYMENT DESIRED

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

EDUCATION

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

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

GENERAL

| | | |
|---|------|---|
| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____ | | |
| U.S. MILITARY OR NAVAL SERVICE | RANK | PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES |

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.)

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

REFERENCES: BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| | NAME | BUSINESS | TELEPHONE | YEARS ACQUAINTED |
|---|------|----------|-----------|---------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

PHYSICAL RECORD:

| | | |
|--|---------|-----------|
| DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? | | |
| PLEASE DESCRIBE: | | |
| | | |
| IN CASE OF EMERGENCY NOTIFY | | |
| NAME | ADDRESS | PHONE NO. |

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 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 all parties from all liability for any damage that may result from furnishing same to you.

and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

| | | |
|--|------------------------|-----------------|
| INTERVIEWED BY | DATE | |
| | | |
| HIRE: <input type="checkbox"/> Yes <input type="checkbox"/> No | POSITION: | DEPT.: |
| SALARY/WAGE | DATE REPORTING TO WORK | |
| APPROVED: 1. | 2. | 3. |
| EMPLOYMENT MANAGER | DEPT. HEAD | GENERAL MANAGER |