



# APPLICATION FOR EMPLOYMENT

Pre-employment Questionnaire  
Equal Opportunity Employer

## PERSONAL INFORMATION

DATE \_\_\_\_\_

Name (last name first)			Are You Over 16?
Current Address	City	State	Zip Code
Phone Number (specify home or cell)		Referred By	

## EMPLOYMENT DESIRED

Position	Number Of Hours Desired	Date You Can Start	Salary Desired
Are you currently employed? (circle one)		If so may we inquire of your present employer? (circle one)	
<b>YES</b> <b>NO</b>		<b>YES</b> <b>NO</b>	
Ever Applied To This Company Before?	Where?	When?	
<b>YES</b> <b>NO</b>			

## AVAILABILITY

ALL STAFF MEMBERS ARE REQUIRED TO WORK WEEKENDS AND MAJOR HOLIDAYS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

## EDUCATION

	Name & Location of School	Years Attended	Graduate?	Major/Degree
High School				
College				
Trade, Business, or Correspondence School				
Other				

## GENERAL INFORMATION - Subjects of Special Study/Research Work or Special Training/Skills/After-School Activities

U.S. Military or Naval Service?	Rank

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

Date (month & year)	Name and address of employer	Salary	Position	Reason For Leaving
Start: Finish:				
Start: Finish:				
Start: Finish:				

Which of these jobs did you like the best? Why? \_\_\_\_\_

**REFERENCES** (give the names of three persons not related to you whom you have known at least one year)

Name	Phone/Address	Business	Years Acquainted

In case of emergency notify		
Name	Address	Phone Number

**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 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 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.

I understand 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 and without cause.

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: \_\_\_\_\_

-----**DO NOT WRITE BELOW THIS LINE**-----

INTERVIEW NOTES: