

Application for Employment

Pre-Employment Questionnaire. An equal opportunity employer.

Personal Information

Date: _____

Full Name - Last: _____ First: _____ Middle: _____ Social Security Number: ____ - ____ - ____

Street Address: _____ Phone: () -

City: _____ State: ____ Zip: _____ *Date of Birth: _____

* The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Special Questions

Height: _____ What foreign language(s) do you speak fluently? _____ Read: _____ Write: _____

Weight: _____ Are you a U.S. citizen or alien authorized to work in the U.S.? Yes No

Do you have any driving infractions in the last three years? (Yes No) If yes, describe: _____

**Have you been convicted of a crime within the last 5 years? (Yes No) If yes, describe: _____

**You will not necessarily 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: _____ Salary Desired: _____ Start Date: _____ Shifts available for: Day Swing Grave

Are you employed now? (Yes No) If yes, may we inquire with your present employer? (Yes No)

Have you ever applied with this company before? (Yes No) If yes, when? _____

Is taking a pre-employment urine test a problem for you? (Yes No) If yes, describe: _____

Education

Do you have a high school diploma or GED? (Yes No)

	Name & location of school	# of years attended	Graduate?	Subjects Studied
Grammar School				
High School				
College / University				
Trade, Business or Correspondence School				

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General Information

Subjects of special study or research work: _____

U.S. Military or Naval service: _____ Rank: _____

Present membership in National Guard or Reserves: _____

Employment History

List employers, starting with current or most recent.

Dates Month & Year	Name & phone number	Salary	Position	Reason for leaving
Start:				
End:				
Start:				
End:				
Start:				
End:				

References

Give names and contact information for three persons, not living with or related to you that you have known at least one year.

Name	Phone number	Business	Years acquainted

Physical Record

Do you have any physical limitations that preclude you from performing any work for which you are being considered? (Yes No) If yes, what can be done to accommodate your limitation? _____

_____ Please describe: _____

In case of emergency, notify- Name: _____

Address: _____ Phone: _____

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 pertinent information that may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

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.

Date: _____ Signature: _____