

EMPLOYMENT APPLICATION INSTRUCTIONS

This application form is used to evaluate qualifications for determining the essential job function for employment.

Complete all sections of this application form. False or misleading information during the interview and/or on this application form may be reasons for termination.

Please notify the person that gave you the application form if you need any assistance in filling out the application form or have questions regarding the employment process. Every effort will be made to accommodate your needs in a reasonable amount of time.

Qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, or disabilities.

Applicant Name _____

APPLICATION FOR EMPLOYMENT

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

DATE _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NO. _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

APARTMENT NO. _____ HOME TELEPHONE: _____ WORK TELEPHONE: _____

IN CASE OF EMERGENCY NOTIFY: _____

EMPLOYMENT DESIRED & AVAILABILITY

WHAT CATEGORY WOULD YOU PREFER? FULL-TIME PART-TIME TEMPORARY LABOR POOL

WHAT SCHEDULES CAN YOU WORK? WEEKDAYS WEEKENDS EVENINGS NIGHTS

OVERTIME SHIFTS OTHER _____

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

HAVE YOU APPLIED AT ANY OF OUR COMPANIES BEFORE? YES NO WHERE? _____ WHEN? _____

HAVE YOU EVER WORKED FOR ANY OF OUR COMPANIES BEFORE? YES NO WHERE? _____ WHEN? _____

REASON FOR LEAVING _____

NAME OF LAST SUPERVISOR AT THIS COMPANY: _____

WHO REFERRED YOU TO THIS COMPANY? EMPLOYMENT AGENCY NEWSPAPER ADVERTISEMENT INTERNET

STATE UNEMPLOYMENT OFFICE COLLEGE PLACEMENT WALKED IN FRIEND OTHER _____

EDUCATION

SCHOOL LEVEL	LOCATION	DATES	GRADUATE?	
HIGH SCHOOL				If GED, Indicate Year: _____
COLLEGE				
TRADE, BUSINESS OR OTHER SCHOOL				

FORMER EMPLOYERS (LIST BELOW LAST THREE (3) EMPLOYERS, STARTING WITH LAST ONE FIRST)

ARE YOU CURRENTLY WORKING? YES NO IF YES MAY WE CONTACT CURRENT EMPLOYER YES NO

COMPANY NAME: _____ CITY/STATE _____ TELEPHONE: _____

DATES EMPLOYED FROM: _____ TO: _____ SALARY: _____ WEEK/MONTH/YEAR?

WHAT DID YOU LIKE MOST ABOUT THE JOB? _____

WHAT DID YOU LIKE LEAST ABOUT THE JOB? _____

REASON FOR LEAVING _____

COMPANY NAME: _____ CITY/STATE _____ TELEPHONE: _____

DATES EMPLOYED FROM: _____ TO: _____ SALARY: _____ WEEK/MONTH/YEAR?

WHAT DID YOU LIKE MOST ABOUT THE JOB? _____

WHAT DID YOU LIKE LEAST ABOUT THE JOB? _____

REASON FOR LEAVING _____

COMPANY NAME: _____ CITY/STATE _____ TELEPHONE: _____

DATES EMPLOYED FROM: _____ TO: _____ SALARY: _____ WEEK/MONTH/YEAR?

WHAT DID YOU LIKE MOST ABOUT THE JOB? _____

WHAT DID YOU LIKE LEAST ABOUT THE JOB? _____

REASON FOR LEAVING _____

REFERENCES: (INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY, EXCLUDE RELATIVES)

NAME	ADDRESS	PHONE	YEARS KNOWN	RELATION
1.				
2.				
3.				

JOB RELATED SKILLS (COMPLETE ONLY THOSE SECTIONS WHICH ARE JOB RELATED)

LIST SKILLS, LICENSES, CERTIFICATES OR TRAINING _____

LIST LANGUAGES IN WHICH YOU ARE FLUENT: _____

IF JOB REQUIRES, DO YOU HAVE A VALID DRIVERS LICENSE?

YES NO

LICENSE NO.: _____

TYPE: _____

STATE: _____

DO YOU HAVE DRIVING VIOLATIONS?

YES NO

IF YES DESCRIBE: _____

HAVE YOU BEEN GIVEN A JOB DESCRIPTION OR HAD THE REQUIREMENTS OF THE JOB EXPLAINED?

YES NO

DO YOU UNDERSTAND THE REQUIREMENTS?

YES NO

CAN YOU PERFORM THE REQUIREMENTS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION?

YES NO

WE ARE A NON-SMOKING COMPANY AND NO SMOKING IS ALLOWED IN THE BUILDINGS IN, WHICH WE ARE LOCATED.

DO YOU SMOKE?

YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?*

YES NO

IF YES, PLEASE DESCRIBE: _____

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

RELEASE AND AUTHORIZATION

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE APPLICANT NOTE ON PAGE ONE OF THIS FORM AND THAT ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND THE STATEMENTS MADE BY ME ARE COMPLETELY TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSION OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THIS APPLICATION MAY RESULT IN REJECTION OF APPLICATION AND/OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT.

I AUTHORIZE THE COMPANY AND/OR ITS AGENTS, INCLUDING CONSUMER-REPORTING BUREAUS, TO VERIFY ANY OF THIS INFORMATION INCLUDING, BUT NOT LIMITED TO, CRIMINAL HISTORY, CREDIT HISTORY, AND MOTOR VEHICLE DRIVING RECORDS. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES, AND LAW ENFORCEMENT AUTHORITIES TO RELEASE INFORMATION CONCERNING MY BACKGROUND AND HEREBY RELEASE ANY SAID PERSONS, SCHOOLS, COMPANIES, AND LAW ENFORCEMENT AUTHORITIES FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING INFORMATION.

I ALSO UNDERSTAND THAT THE USE OF ILLEGAL DRUGS IS PROHIBITED DURING MY EMPLOYMENT. IF COMPANY POLICY REQUIRES, I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR AND DURING EMPLOYMENT.

DATE: _____

SIGNATURE: _____