



PRE-EMPLOYMENT APPLICATION FORM

Our company is an equal opportunity employer and adheres to principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on application until all questions have been answered.

PERSONAL

Today's Date _____ Primary Phone (_____)_____-____-____ Email _____
Area Code

Name _____ Alternative Phone (_____)_____-____-____
Last First Middle Area Code

Current Address _____
No. Street City State Zip

Social Security No. _____ Are you 18 or older? Yes No

Driver's License: State _____ Number _____ Type _____ Exp. Date _____

Are you a U.S. citizen or do you have the legal right to be employed in the United States? Yes No

Have you ever been convicted of any crime including DWI (excluding minor traffic violations)? Yes No

Have you had any moving violations that are DWI and/or drug or alcohol possession related? Yes No

If yes, state the offense(s), location(s), date(s), and disposition(s) _____

(You are not obligated to disclose sealed or expunged arrest/conviction records.)

Who should be contacted in case of emergency? _____

Relationship No. Street City State Zip Name (_____)_____-____-____
Area Code

EMPLOYMENT DESIRED

Are you seeking Full-Time Part-Time Temporary or Summer Employment?

First Choice Position Applied for _____ Salary Desired _____/Month

Second Choice Position Applied for _____ Salary Desired _____/Month

Third Choice Position Applied for _____ Salary Desired _____/Month

Date Available to Start _____

Have you ever applied before? Yes No

Have you ever worked at our company before? Yes No

If your answer to either of the above questions is Yes, state when you applied and/or worked? _____

How did you learn of our company and/or position? _____

Are you now or do you expect to be engaged in any other business or employment? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No

If Yes, please specify those days or hours you would be unable or unwilling to work _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR.

Name Of Employer Complete Address Including Zip Code	Name and Title of Last Supervisor	Dates Employed		Annual Pay
		From: Month	To: Month	Starting \$ _____
Telephone Including Area Code ()	Nature of Business	Year _____	Year _____	Ending \$ _____
Title	Reason for Leaving			May we contact? Yes No
Duties				
Name Of Employer Complete Address Including Zip Code	Name and Title of Last Supervisor	Dates Employed		Annual Pay
		From: Month	To: Month	Starting \$ _____
Telephone Including Area Code ()	Nature of Business	Year _____	Year _____	Ending \$ _____
Title	Reason for Leaving			May we contact? Yes No
Duties				
Name Of Employer Complete Address Including Zip Code	Name and Title of Last Supervisor	Dates Employed		Annual Pay
		From: Month	To: Month	Starting \$ _____
Telephone Including Area Code ()	Nature of Business	Year _____	Year _____	Ending \$ _____
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Name Of Employer Complete Address Including Zip Code	Name and Title of Last Supervisor	Dates Employed		Annual Pay
		From: Month	To: Month	Starting \$ _____
Telephone Including Area Code ()	Nature of Business	Year _____	Year _____	Ending \$ _____
Title	Reason for Leaving			May we contact? Yes No
Duties				

If you have worked in any of your previous positions under another name, please give that name: _____

Are you presently employed? Yes No If Yes, may we contact your present employer? Yes No

Use the space below to describe why you are interested in working for our company and to list those skills and abilities that you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Please provide three references, not relatives or former employers.

Name	Phone	Occupation

AFFIDAVIT

I certify that the answer given by me to the foregoing questions and statements are true and correct without any consequential decisions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and would be cause for my termination. I further agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omission made by me in this questionnaire. I also authorized the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I further understand that a criminal background check will be preformed and the completion of a physical exam and drug testing are conditions of employment, and if employed, refusal to take such tests when asked will subject me to termination. I also understand no person is authorized to enter into any written or verbal employment contracts on behalf of the company without express written consent of the CEO.

Signature _____ Date _____

COMPANY USE ONLY

Reviewed by: _____ Date: _____

Reviewer's remarks: _____

FOR OFFICE USE ONLY	
Drug Test _____ Position _____	MRV _____ Test _____