

PRE-EMPLOYMENT APPLICATION

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act.

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 this application until all questions have been answered.

PERSONAL	DATE:		Email:				
Name:		Middle	Home Phone: _	AC			
Present Address:No. Social Security No		City Are you over 18? Y	State es No	ZIP			
Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes \(\simega \) No \(\simega \)							
Have you ever been convicted of any crime (excluding minor traffic violations) including driving while under the influence of alcohol or drugs? Yes \(\sqrt{No} \sqrt{\sqrt{No}} \sqrt{\sqrt{No}							
If yes, state the offense, location, d	ate and dispositi	ion					
NOTE: A co	onviction will not	t necessarily disqualif	y you from employment.				
Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? Yes \(\square\) No \(\square\)							
If no, please explain							
Drivers License: State	Type		Currently Valid? Yes	No 🗌			
EMPLOYMENT DESIRED							
Are you seeking							
Position applied for Salary Desired							
Date Available to start							
Have you ever applied to our company before? Yes 🗌 No 🗌							
Have you ever worked for our company before? Yes \Boxed No \Boxed							
If your answer to either of the above questions is Yes, state when and where you applied and/or worked.							
How did you learn of our company and/or position?							
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							

EDUCATION

Name, Address and Location	Dates	Graduate?	Courses Studied				
High School		Yes 🗌	Diploma:				
		No 🗌					
College	From:	Yes 🗌	Diploma:				
	To:	No 🗌					
Trade School	From:	Yes 🗌	Diploma:				
	To:	No 🗌					
If you did not graduate, why did you leave high school or college?							
Are you planning to pursue further studies? Y	es No If	so, when, wh	ere and what courses?				
List any scholastic honors, offices held and activities involved in during high school and college							
Elst arry seriolastic Horiors, offices field and de		1 441 1118 111811	seriooi and conege				
List and describe any other School or Speciali	zed Training						
MILITARY							
Have you ever served in the military? Yes	No						
Service Branch Date Entered			ntered				
Date Separated	ate Separated Final Rank						
CAPABILITY/ RELIABILITY							
Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes \square No \square							
If not, explain which tasks							
Have you filed any type of fraudulent claim against any of your present or past employers? Yes 🗌 No 🗌							
If yes, explain							
Will you abide by the safety rules of this company? Yes \bigcup No \bigcup							
Have you ever been disciplined for violating c	ompany safety ru	ıles or regulat	tions? Yes 🗌 No 🗌				
If yes, please explain							

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.

DO NOT REFERENCE YOUR RESUME.

Name of Employer: Address: City, State, Zip Code:	Name and Title of Last Supervisor: Dates Employed - From (m/y): Pay - Starting: \$ Ending: \$		
Telephone (with AC):	Nature of Business:		
Title:	Reason for Leaving:		
Duties:			
Name of Employer: Address: City, State, Zip Code:	Name and Title of Last Supervisor: Dates Employed - From (m/y): Pay - Starting: \$ Ending: \$		
Telephone (with AC):	Nature of Business:		
Title:	Reason for Leaving:		
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Title:	Reason for Leaving:		
Duties:			
Name of Employer: Address: City, State, Zip Code:	Name and Title of Last Supervisor: Dates Employed - From (m/y): To (m/y): Pay - Starting: \$ Ending: \$		
Telephone (with AC):	Nature of Business:		
Title:	Reason for Leaving:		
Duties:			

SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in ar purposes)	ny of your previous positi	ons under another na	me, please give tha	at name(s) be	elow: (For reference checking
Name	Company		Name		
	employed? Yes 🗌 No [
If yes, may we cont	tact your present employ	rer? Yes 🗌 No 🗌			
REFERENCES					
Give three referer	nces, not relatives or form	ner employers.			
Na	nme	Address	Pl	hone	Occupation
form or during any I hereby authorize character and qual this investigation.	rinterviews may be groun the Company to contact lifications and I give my fu	nds for my immediate t any company or indi ull and complete conse vemployment is "at-w	discharge. vidual it deems ap ent to their reveali	propriate to	statements made on this application investigate my employment history II information they wish as a result of myself or by the company at any time
Signa	iture			Date	
	cc	OMPANY USE ONLY-	REFERENCE COM	MMENT	
Interviewed by:					
Interviewers rema	arks:				
Job offered:					Yes No
Salary offered					
Time already need					