

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME, FIRST NAME, MIDDLE NAME)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
<i>IF LESS THAN THREE YEARS AT PRESENT ADDRESS, LIST PREVIOUS ADDRESSES</i>			
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME, ADDRESS, PHONE AND SUPERVISOR'S NAME	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

(CONTINUED ON OTHER SIDE)



APPLICATION FOR EMPLOYMENT

G-131A-1



APPLICANTS FOR DRIVING POSITIONS, COMPLETE THIS SECTION

HAVE YOU EVER BEEN DENIED A LICENSE TO OPERATE A MOTOR VEHICLE? YES NO

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO IF YES, PLEASE EXPLAIN: _____

VALID OPERATOR'S LICENSE

STATE	LICENSE NO.	RESTRICTIONS	EXPIRATION DATE

PLEASE LIST ANY ACCIDENTS OR TRAFFIC VIOLATIONS OVER THE PAST FIVE YEARS: _____

ALL APPLICANTS MUST COMPLETE THIS SECTION

Have you ever been convicted of, or forfeited bond or collateral upon, or currently have arrests pending for any of the following crimes or offenses?

QUESTION	YES	NO
1. Transportation, possession, or unlawful use of a Schedule 1 drug, amphetamines, narcotic drugs, formulations of an amphetamine, or derivatives of narcotic drugs?		
2. Driving a motor vehicle under the influence of a Schedule 1 drug, amphetamines, narcotic drugs, formulations of an amphetamine, or derivatives of narcotic drugs?		
3. Driving a motor vehicle while under the influence of alcohol?		
4. Leaving the scene of an accident while operating a motor vehicle?		
5. Any felony? If yes, describe:		
6. Any crime or offense involving theft of cash or personal property?		

IF THE ANSWER TO ANY OF THE ABOVE IS YES, EXPLAIN IN DETAIL, GIVING DATES, ETC. _____

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1			
2			
3			

HOURS AVAILABLE:

	SUN	MON	TUES	WED	THURS	FRI	SAT
FROM							
TO							

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 and employers 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 the company from all liability for any damage that may result from utilization of such information. I understand a personal background check may be performed to assist in reaching a hiring decision.

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."

DATE _____ SIGNATURE _____