



Application for Employment

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY THE APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Location Desired:

PERSONAL INFORMATION

Date: _____

Applicant Name:

Last

First

Middle

Nickname

Address:

Street

City

State

Zip Code

Phone Number:

Are You 18 Years Or Older? Yes or No (Circle One)

Are You Prevented From Lawfully Becoming Employed

In This Country Because of Visa or Immigration Status? Yes or No (Circle One)

E-Mail Address:

EMPLOYMENT DESIRED

Position:

Date You Can Start:

Salary Desired:

Are You Employed Now?

If So, May We Inquire of Your
Present Employer?

Ever Applied To This Company Before?

Where?

When?

Referred By:

Availability: (Place an X in the box in which you are available to work)

Time Of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day (10:00 –4:00)							
Night (4:00 – CL)							

EDUCATION	Name And Location of School	No. Of Years Attended	Did You Graduate?	Degree
High School				
College				
Trade, Business or Correspondence School				
Military				

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent three (3) year period.

EMPLOYER

Name _____ Address _____ Type of Business _____
 Telephone: (____) _____ - _____ Dates Employed: From ____/____/____ To ____/____/____
 Job Title: _____ Duties: _____
 Supervisor's Name: _____ May we contact? (Y) (N) If No, why not? _____
 Wages: Start _____ Final _____ Reason for Leaving? _____

EMPLOYER

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REFERENCES

NAME	POSITION	COMPANY	WORK RELATIONSHIP	TELEPHONE NUMBER

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

Date:

Signature:
