

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 will be taken on this application until all questions have been answered.

PERSONAL:

Date _____/_____/_____

Name _____ Phone # (_____) _____

First Middle Last

Present Address _____

No.

Street

City

State

Zip

Drivers License : # _____ State issued from _____ Currently Valid? Yes No

Social Security No. _____ - _____ - _____ Are you 18 years of age or older? Yes No

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

Have you ever been convicted of any crime (excluding minor traffic violations) including driving while under the influence of alcohol or drugs? Yes No

If yes, state the offense, location, date and disposition _____

Note : A conviction will not necessarily disqualify 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 No If no please explain _____

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

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 No 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 - _____

Are you now, or do you expect to be, working in any other business or job. Yes No If Yes please specify- _____

EDUCATION :

Name Address and Location	Dates	Graduate?	Courses Studied	Diploma?
High School		Yes		Yes
		No		No
College	From:	Yes		Yes
	To:	No		No
Trade School	From:	Yes		Yes
	To:	No		No

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No If so, when, where and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and college. _____

List and describe any other schooling or specialized training? _____

MILITARY:

Have you ever served in the military? Yes No

Service Branch _____ Date Entered _____

Date Separated _____ Final Rank _____

CAPABILITY / RELIABILITY:

Would you be willing and able to perform all the tasks required by the job you are applying for? Yes No

If no, explain which tasks _____

Have you ever filed any type of fraudulent claim against any of your present or past employers? Yes No

If yes, please explain _____

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violation of company safety rules or regulations? Yes No If yes, please explain _____

How many days of work (or school) have you missed in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____

Are you willing and able to report to work on time every day on a regular and consistent basis? Yes No If no, please explain _____

WORK HISTORY :

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give business name and business references. **Please fill out completely even if a resume was already provided.**

Employer / Business Name: Address	Phone # ()		
Name and Title of Last Supervisor	Employment Dates / Pay		
Reason For Leaving	From: Mo _____	To: Mo _____	Starting \$ _____
Title Held:	Yr _____	Yr _____	Ending \$ _____
Duties:			
Employer / Business Name: Address	Phone # ()		
Name and Title of Last Supervisor	Employment Dates / Pay		
Reason For Leaving	From: Mo _____	To: Mo _____	Starting \$ _____
Title Held:	Yr _____	Yr _____	Ending \$ _____
Duties:			
Employer / Business Name: Address	Phone # ()		
Name and Title of Last Supervisor	Employment Dates / Pay		
Reason For Leaving	From: Mo _____	To: Mo _____	Starting \$ _____
Title Held:	Yr _____	Yr _____	Ending \$ _____
Duties:			
Employer / Business Name: Address	Phone # ()		
Name and Title of Last Supervisor	Employment Dates / Pay		
Reason For Leaving	From: Mo _____	To: Mo _____	Starting \$ _____
Title Held:	Yr _____	Yr _____	Ending \$ _____
Duties:			

Attach additional pages if needed.

SUPPLEMENTAL EMPLOYMENT INFORMATION:

If you have worked in any of your previous positions under another name, please give that name(s) below:
(For reference checking purposes.)

Name _____ At What Company _____

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

Have you ever been fired or asked to resign, from a job? Yes No If yes, please explain _____

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