



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

FULL NAME (LAST NAME FIRST) _____

ADDRESS	CITY	STATE	ZIP
PHONE NO.	HOW DID YOU HEAR ABOUT US?		

EMPLOYMENT DESIRED

POSITION	LOCATION DESIRED	DATE YOU CAN START	SALARY/RATE DESIRED
ARE YOU EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED HERE BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE/WHEN?	

EDUCATION HISTORY

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

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH
WORK OR SPECIAL SKILLS _____

HAVE YOU BEEN CONVICTED OF A CRIME OR FELONY? YES NO HAVE YOU EVER BEEN TERMINATED FROM A JOB? YES NO

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

DO YOU HAVE TRANSPORTATION? _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? YES NO (If yes, verification will be required)

FORMER EMPLOYERS

DATE (MONTH & YEAR) _____ BUSINESS NAME/PHONE # _____ SALARY/RATE _____ POSITION _____ REASON FOR LEAVING _____

FROM	TO	BUSINESS NAME/PHONE #	SALARY/RATE	POSITION	REASON FOR LEAVING
FROM	TO				
FROM	TO				
FROM	TO				
FROM	TO				

MAY WE CONTACT FORMER EMPLOYERS? YES NO

PERSONAL REFERENCES LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

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 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____

SIGNATURE _____

(Do Not Write Below This Line)

INTERVIEW #1 BY _____ DATE _____

INTERVIEW #2 BY _____ DATE _____

APPROVED: 1. _____ MANAGER
2. _____ GENERAL MANAGER

**PLEASE FAX COMPLETED APPLICATION TO: 843-284-0258
OR DROP IT OFF AT YOUR LOCATION OF CHOICE.**