

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION				DATE: _____	
NAME (LAST NAME FIRST MIDDLE)				SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME PHONE	CELL PHONE		
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES ____ NO ____					
<p>Convicted of a felony or misdemeanor? ** Yes ____ No ____</p> <p>Placed on probation or terminated for poor job performance? Yes ____ No ____</p> <p>Disciplined or discharged for violating a safety rule? Yes ____ No ____</p> <p>Disciplined or terminated for absenteeism, tardiness, failure to notify your company when absent or any other attendance-related reason? Yes ____ No ____</p> <p>Disciplined or fired for fighting, assault or similar offenses? Yes ____ No ____</p> <p>Disciplined or discharged for being under the influence of alcohol or drugs, or for possession, use or abuse of alcohol or drugs? Yes ____ No ____</p> <p>If you answered yes to any of the above questions, please describe: _____</p> <p>_____</p> <p><input type="checkbox"/> I understand that I may be required to provide information for employment, references, credit and background checks.</p> <p>**You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.</p>					
EMPLOYMENT DESIRED					
POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW? <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?	
EDUCATION					
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED	
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					
GENERAL					
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK					
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES					
FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)					
DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	
FROM					
TO	Telephone #				
FROM					
TO	Telephone #				
FROM					
TO	Telephone #				

REFERENCES: BELOW, GIVE THE NAMES OF THREE WORK-RELATED REFERENCES. ONLY GIVE REFERENCES YOU ARE PREPARED FOR MMA TO CONTACT.

References for current employer can be provided at a later date.

	NAME	ADDRESS	TELEPHONE NUMBER	NAME OF BUSINESS	YEARS KNOWN
1					
2					
3					

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes No

If Yes, what can be done to accommodate your limitation?

Please Describe:

In Case of Emergency

NAME

ADDRESS

PHONE NO.

"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 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 all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is provided on an at-will basis for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:	DATE:
HIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	POSITION: DEPT.:
SALARY/WAGE	DATE REPORTING TO WORK
APPROVED: 1.	2. 3.
EMPLOYMENT MANAGER	DEPT. HEAD GENERAL MANAGER