

the Other Place

**APPLICATION FOR EMPLOYMENT
PRE-EMPLOYMENT QUESTIONNAIRE**
EQUAL OPPORTUNITY EMPLOYER

(PLEASE ANSWER ALL QUESTIONS)

TODAY'S DATE	NAME (Last) (First) (Middle)	PHONE
SOC. SEC. NUMBER	PRESENT ADDRESS	
POSITION DESIRED	PERMANENT ADDRESS	

Age 18 or older? Yes ___ No ___ If you are a minor under age 18, do you have a certificate of age or employment? Yes ___ No ___ Na ___
Do you have a pre-existing condition that would interfere with or limit your ability to perform the job? ___ No ___ Yes
If yes, please explain:



EDUCATION		
CIRCLE HIGHEST GRADE COMPLETED 6 7 8 9 10 11 12 GED	NAME AND LOCATION OF HIGH SCHOOL	LIST SUBJECTS STUDIED AND DEGREES RECEIVED (Major-Minor)
COLLEGE 1 2 3 4 5 6	NAME AND LOCATION OF COLLEGE	

Begin with current or most recent job and list longest or most important jobs held. Please fill out the section carefully and completely.

EMPLOYMENT HISTORY

EMPLOYER NAME OR BRANCH OF MILITARY	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
EMPLOYER ADDRESS (CITY, STATE AND ZIP CODE)	REASON FOR LEAVING		DESCRIBE JOB DUTIES, TOOLS OR MACHINES USED	

WHAT DID YOU LIKE MOST ABOUT THIS JOB

EMPLOYER NAME OR BRANCH OF MILITARY	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
EMPLOYER ADDRESS (CITY, STATE AND ZIP CODE)	REASON FOR LEAVING		DESCRIBE JOB DUTIES, TOOLS OR MACHINES USED	

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PROFESSIONAL REFERENCES

THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

NAME	ADDRESS (CITY, STATE AND ZIP CODE) AND PHONE NUMBER	YEARS KNOWN

PERSONAL REFERENCE

PERSON NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

NAME	ADDRESS (CITY, STATE AND ZIP CODE) AND PHONE NUMBER	YEARS KNOWN

WHAT HOURS CAN YOU WORK:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

In Case of Emergency, Notify:

Phone:

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes No
 Have you ever been convicted of a felony? Yes No If yes, please describe circumstances: _____

(A conviction does not necessarily preclude employment)

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No
 If yes, please describe circumstances: _____

Do you have dependable transportation to work? Yes No

AUTHORIZATION

"I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that one or more falsified statements within this application is grounds for dismissal.

I authorize investigation of all statements contained herein and, the references and employers listed within to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release the company from all liability for any damage that may result from use of said 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, 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 medically-related information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE

SIGNATURE