

Application for Employment

(Pre-employment Questionnaire) (An equal opportunity employer)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City State Zip Phone

Previous Address _____
Street City State Zip Phone

Do you have the right to work in the United States? _____ Date of Birth ____ / ____ / ____ Can you provide proof of age? _____
(Required for Truck Drivers)

Rate of pay expected _____ Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____ Who referred you? _____

EDUCATION

	Name & Location	Years Attended	Did you Graduate	Subjects Studied
Grammar				
High School				
College				
Trade, Business, Correspondence				

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

GENERAL

Subjects of special study or research work _____

U.S. Military or Naval Service _____ Rank _____

Present Membership in National Guard or Reserves _____

PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? _____

If yes, what can be done to accommodate your limitation? _____

Would you be willing to take a physical examination? _____

EMPLOYMENT HISTORY

(Note: List last four employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE		
NAME:	FROM: MO.	YR.	TO: MO.	YR.	
ADDRESS:	POSITION HELD:				
CITY	STATE	ZIP	SALARY/WAGE:		

EMPLOYER			DATE		
NAME:	FROM: MO.	YR.	TO: MO.	YR.	
ADDRESS:	POSITION HELD:				
CITY	STATE	ZIP	SALARY/WAGE:		

EMPLOYER			DATE		
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EMPLOYER			DATE		
NAME:	FROM: MO.	YR.	TO: MO.	YR.	
ADDRESS:	POSITION HELD:				
CITY	STATE	ZIP	SALARY/WAGE:		

REFERENCES

Name	Address	Business	Years Acquainted

In Case of Emergency Contact:

Name	Address	Phone
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TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated for any reason at any time without any prior notice. I further understand that all employees are subject to a 90 day probation period. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

Date	Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
DEPARTMENT _____	CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

INTERVIEWED BY: _____

NAME	DATE
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SIGNATURE OF INTERVIEWING OFFICER _____

Voluntary Applicant Survey

Instructions To Applicants

We are an equal opportunity employer and may be subject to various affirmative action regulations, therefore we ask all applicants to supply the following information for data gathering purposes. You *do not* have to complete this form to be considered for employment. Any information volunteered will be kept confidential and *will not be used* to make hiring decisions.

Date: _____

Name: _____

Address: _____

Phone: _____

Soc. Sec.# _____

Sex: Male Female

Race/Ethnicity

01 White

02 Black

03 Hispanic/White

17 Hispanic/Not White

05 Native America

04 Asian

20 Hawaiian or Pacific Islander

Job opening for which you are applying:

For Office Use Only:

Job # _____

EEO# _____

Job Group # _____

How did you learn about the opening:

A Newspaper Ad

B Magazine Ad

C Placement Agency

D Walk-In

E Male Employee

F Female Employee

G Minority Employee

H Disabled Site Posting

I Company's Website

J Internet Job Posting

K Military/Vets Posting

L High School

M Job Fair

N Friend of a Friend

O Employment Bureau

P College

Q I am a Current Employee, self referral

R I am a Current Employee, Mgt. referral

S Other

Veteran Status:

Not a Veteran

Newly Separated Veteran

Special Disabled Veteran

Vietnam Era Veteran

Other Eligible Veteran

Yes, a Veteran, but none of the above