

# 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.

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 can be taken on this application until all questions have been answered, I also understand that I may be required to complete additional testing to fulfill the application process. The company requests three (3) days advance notice for any accommodations necessary to complete the application process. The company will make every reasonable effort to provide an effective accommodation, if feasible.

Date \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you over 21?  yes  no

Are you employment authorized to work in the U.S. for any employer?  yes  no

Do you have any obligations or other reasons which would limit your ability to travel or work overtime:  yes  no

If yes, please explain: \_\_\_\_\_

Would you willing to relocate?  yes  no

Drivers License: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

## EMPLOYMENT DESIRED:

Are you seeking:  full-time  part-time  temporary or summer employment

Position applied for: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Do you have any friends/relatives working for our company?  yes  no Name of employee: \_\_\_\_\_

Have you ever applied/worked for our company before?  yes  no

If your answer to the previous question is yes, please state when and where you applied and/or worked:  
\_\_\_\_\_

How did you learn of our company and/or position? \_\_\_\_\_

Are you now or do you expect to be engaged in any other business or employment?  yes  no

Are there any days or hours you would be unable or unwilling to work?  yes  no

If yes, please specify those days or hours you would be unable or unwilling to work: \_\_\_\_\_

Are there any reasons why you would be unable to perform the tasks involved in the position you are applying for?

yes  no If yes, please state reason: \_\_\_\_\_

<b>EDUCATION:</b> Name, Address and Location	Courses Studied
High School	
College	
Trade School	

Use this space below to describe why you are interested in working for our company. List those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

**PLEASE GIVE MONTH AND YEAR.**

**DO NOT REFERENCE YOUR RESUME**

LAST JOB FIRST	COMPANY NAME AND ADDRESS	NATURE OF BUSINESS	PAY	POSITION OR DUTY	REASON FOR LEAVING	SUPERVISOR
From			\$			
To			\$			
From			\$			
To			\$			
From			\$			
To			\$			
From			\$			
To			\$			

Give three personal references, not relatives or former employers.

NAME	ADDRESS	PHONE

I certify that my answer to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against those individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drugs and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

NOTE: This application will remain active for sixty (60) days, after which applicants must reapply for available positions.