



PRE-EMPLOYMENT APPLICATION

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications. Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

PERSONAL

DATE: _____

Last Name: _____ First Name: _____ Phone: (____) _____

Address: _____ City: _____ State: ____ Zip: _____

Social Security No.: _____ Are you over 18? Yes ___ No ___

Driver's License Number: _____ State: _____ Type: _____

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes ___ No ___

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI? Yes ___ No ___

If yes, state the offense, location, date, and disposition.

Who should be contacted in case of an emergency? Name: _____ Phone: (____) _____

Address: _____ City: _____ State: ____ Zip: _____

EMPLOYMENT DESIRED

Are you seeking: Full Time Part Time

Position applying for: _____ Salary Desired: _____

Date available to start: _____

Have you applied with us before? Yes No

How did you learn of our company and position? _____

Are you now or do you expect to be involved in any other business or employment? Yes No

MILITARY

Have you served in the military? Yes No If yes, which Branch? _____

What was your occupational specialty (MOS)? _____

What special training did you receive that may help you if employed by us? _____

PERSONAL/HEALTH

Can you lift a minimum of 50 lbs? Yes No

Can you perform all specific tasks associated with the position you are applying for without special apparatus or with minimal changes or alterations to the company? Yes No

Have you used any illegal drug, including marijuana, in the last twelve months? Yes No

Have you ever had a conviction for driving while intoxicated, or under the influence of drugs or alcohol?
 Yes No If yes, when? _____

Are you willing to take a physical exam and a drug screen at our expense? Yes No

EDUCATION

High School	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Courses Studied:
College	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Courses Studied:
Trade School	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Courses Studied:

In the lines provided below please list your strengths and weaknesses.

Are you planning to pursue further studies? Yes No If so, when and what courses?

List any scholastic honors, offices held, and activities involved in during high school or college:

List and describe any other type of schooling or specialized training:

WORK HISTORY

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 the firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of Employer Address City, State, Zip	Name and Title of Last Supervisor	Date Employed		Pay
		From:	To:	Starting
		Mo. ____	Mo. ____	\$ _____
		Yr. ____	Yr. ____	Ending
Telephone Area Code ()	Nature of Business			\$ _____
Title	Reason for Leaving			
Duties				
Name of Employer Address City, State, Zip	Name and Title of Last Supervisor	Date Employed		Pay
		From:	To:	Starting
		Mo. ____	Mo. ____	\$ _____
		Yr. ____	Yr. ____	Ending
Telephone Area Code ()	Nature of Business			\$ _____
Title	Reason for Leaving			
Duties				
Name of Employer Address City, State, Zip	Name and Title of Last Supervisor	Date Employed		Pay
		From:	To:	Starting
		Mo. ____	Mo. ____	\$ _____
		Yr. ____	Yr. ____	Ending
Telephone Area Code ()	Nature of Business			\$ _____
Title	Reason for Leaving			
Duties				

Have you ever worked under another name? If so, please give that name: _____

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

SPECIAL SKILLS

Do you type? Yes No Words Per Minute _____

Do you have any computer applications experience or training? Yes No

If yes, please describe: _____

What languages do you speak? _____

Use the space below to describe why you are interested in working for us listing the skills and abilities you feel particularly qualify you for a position with us. Please attach a resume if you have one.

REFERENCES

NAME	ADDRESS	PHONE	OCCUPATION

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any intentional omissions of consequence of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that you shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my abilities are true and were made without reservations. Further, I agree to expressly waive all provisions of law prohibiting any physician, person, hospital, or other institution from disclosing to us any information regarding treatment rendered now and in the future. I further understand that the taking of a drug test is a condition of employment and refusal to take such tests when requested will subject me to termination. I also understand that no person is authorized to enter any written or verbal employment contract on behalf of us without the express written consent of the President. I understand my employment is at will.

Signature _____ Date _____

COMPANY USE ONLY

Interviewed by: _____ Date: _____ Driver's License #: _____

Interviewer's Remark's: _____

