

## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

### PERSONAL INFORMATION

SS #:

DATE:

DRIVERS LICENSE #:

EXPIRES:

Name:

LAST

FIRST

MIDDLE

Address:

Street

City

State

Zip

Phone:

Are you 18 Years or Older?

Yes ☐

No ☐

Are You Either A U.S. Citizen Or An Alien Authorized To Work In The United States

Yes ☐

No ☐

Are you currently a member of a Union Organization

Yes ☐

No ☐

If Yes, Which Union?

### EMPLOYMENT DESIRED

Position:

Date You Can Start:

Salary Desired:

Are You Employed Now?

May We Contact Them?

Yes ☐

No ☐

Have You Ever Applied To This Company Before?

When?

Referred By

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

### GENERAL

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR

NAVAL SERVICE

RANK

RESERVES OR NATIONAL GUARD?

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING

DATE AND YEAR	Month	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Address	Business	Years Acquainted

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NUMBER

I UNDERSTAND THAT FALSIFICATION OF, OR OMISSION ON, THIS APPLICATION OR ANY EMPLOYMENT RELATED DOCUMENT IS GROUNDS FOR DISMISSAL. I AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND 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 ACKNOWLEDGE THAT IF I BECOME EMPLOYED, I WILL BE AN AT WILL EMPLOYEE AND I WILL BE FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON AND REINHARD BORING TECHNOLOGIES RETAINS THE SAME RIGHTS. I ALSO UNDERSTAND THAT NO EMPLOYEE OF REINHARD BORING TECHNOLOGIES HAS THE AUTHORITY TO ALTER MY AT WILL EMPLOYMENT STATUS OR THE POLICIES OF REINHARD BORING TECHNOLOGIES (WITH WHICH I AGREE TO COMPLY IN CONSIDERATION OF MY EMPLOYMENT IF I AM EMPLOYED), EXCEPT THE PRESIDENT, WHO MAY ONLY DO SO IN WRITING.

I UNDERSTAND THAT REINHARD BORING TECHNOLOGIES IS A SUBSTANCE FREE WORKPLACE AND THAT AS AN EMPLOYEE OR AS A CONTRACTOR TO REINHARD BORING TECHNOLOGIES I WILL BE SUBJECT TO ALCOHOL AND/OR DRUG TESTING AS REQUIRED BY THE COMPANY'S POLICY.

DATE: SIGNATURE:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE:

REMARKS:

NEATNESS: ABILITY:

HIRED: Yes ☐ No ☐ POSITION: DEPT:

SALARY/WAGE: DATE REPORTING TO WORK:

APPROVED: 1 2 3  
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER