Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information							DATE						
NAME (LAST NAME FIRST)							SOCIAL SECURITY NO.						
PRESENT ADDRESS			CITY				STATE			- 	 ZIP CODE		
PRESENT ADDRESS			CITT				SIAIL				IIF CODE		
PERMANENT ADDRESS			CITY				STATE			Z	ZIP CODE		
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PHONE NO.	HONE NO. SECONDAR			PHONE NO.			REFERRED BY						
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Employment De	sired		I	DATE YOU C	CAN STAI	RT			SALAR	Y DESIRE	:D		
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ARE YOU EMPLOYED N	OW? YES	NO	IF SO), MAY WE IN	NQUIRE (OF YO	UR PRESE	NT EMPLO	OYER?	П	'ES	NO	
		WHERE		, 				WHEN					
EVER APPLIED TO THIS COMPANY BEFORE	YES NO												
Education Histo	217												
Education Histo		OCATION OF S	CHOOL		YEAR	S	DID YOU GRADUATE		SU	JBJECTS	STUDIED		
					ATTENL	DED (GRADUATE						
HIGH SCHOOL													
COLLEGE													
OOLLEGE													
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL													
General Informa	ntion												
SUBJECT OF SPECIAL STUDY/RESEARCH WOF													
SPECIAL TRAINING													
SPECIAL SKILLS													
U.S. MILITARY OR						RANI	V						
NAVAL SERVICE						HAINI	K.						
DATE MONTH AND YEAR		DDRESS OF E			SALA		<i>FIRST)</i> = POSITIO	V .	DEA	ASON FOR	R I EAVIN	3	
MONTH AND YEAR FROM	NAME & A	DENESS OF E	MI-EUT	-11	JALA		—1 0 311101		— NEA	NOON FOR	T-CEAVIIN		
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TO

References (GIVE BELOW THE I	NAMES OF THREE PERSONS NOT RE	ELATED TO YOU, WHOM YOU HAV	E KNOWN AT LEAST ONE YEAR.)							
NAME	ADI	DRESS	BUSINESS	YEARS KNOWN						
Authorization										
"I certify that the facts contained falsified statements on this appli			knowledge and understand th	at, if employed						
I authorize investigation of all st formation concerning my previo company from all liability for any	us employment and any pertin	nent information they may h	nave, personal or otherwise, a							
I also understand and agree that specified period of time, or to ma representative.										
This waiver does not permit the Disabilities Act (ADA) and other			n a manner prohibited by the	Americans with						
I understand that a consumer of required, I understand that, in of reports and will also obtain a selectory or conviction will not auto-	ompliance with federal law, the eparate written authorization fro	company will provide me wom me to consent to these	ith a written notice regarding t	the use of these						
plete the required employment e	ligibility verification document f	form upon hire.								
DATE	SIGNATURE									
	——— Do Not Writ	te Below This Line								
DATE	INTERVIEWED BY									
Remarks										
NEATNESS		CHARACTER								
PERSONALITY		ABILITY								
HIRED FOR DEPT.	POSITION	WILL	SALARY WAGES							
APPROVED:										

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GENERAL MANAGER

DEPARTMENT HEAD

EMPLOYMENT MANAGER