



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	OTHER NO.	REFERRED BY	

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, CAN WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE? WHEN?	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
OTHER SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S MILITARY OR NAVAL SERVICE	RANK

AVAILABILITY

FULL TIME OR PART TIME			ARE YOU AVAILABLE FOR AN "ON-CALL" SHIFT?				
DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TIMES AVAILABLE							

CERTIFICATION

ARE YOU T.A.B.C. CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU FOOD SAFE CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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FORMER EMPLOYERS (LIST LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

FROM-TO MONTH & YR	NAME & LOCATION	SALARY	POSITION	REASON FOR LEAVING

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	CONTACT PHONE NO.	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

----- DO NOT WRITE BELOW THIS LINE -----

INTERVIEWED BY _____ INTERVIEW DATE _____

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ EMPLOYMENT MANAGER 2. _____ GENERAL MANAGER 3. _____ PRESIDENT/OWNER