

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

| | | | | |
|----------------------------------|---------------------------|------|-----------------|-----|
| Name (Last, First, Middle) | | | | |
| Present Address | Apt No | City | State | Zip |
| Permanent Address (if different) | Apt No | City | State | Zip |
| Cell Phone () | Home Telephone () | | E-Mail Address: | |

EMPLOYMENT DESIRED

| | | | | | | | |
|---|-------------------|-----------|---------|-----------|----------|--------|----------|
| Position applying for: | | | | | | | |
| How were you referred to this company? | Employment Agency | Friend* | | | | | |
| Walk-in | Newspaper Adv. | Relative* | Other* | | | | |
| * Referral Source Name _____ | | | | | | | |
| Are you applying for: | | | | | | | |
| Regular full-time work? | Yes | No | | | | | |
| Regular part-time work? | Yes | No | | | | | |
| Temporary or Casual work? | Yes | No | | | | | |
| What days and hours are you available for work? <small>(enter hours available below each day of the week)</small> | | | | | | | |
| Day: | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours: | | | | | | | |
| Are you available for work on weekends and holidays? | Yes | No | | | | | |
| Would you be available to work overtime, if necessary? | Yes | No | | | | | |
| If hired, on what date can you start work? _____ | | | | | | | |
| Salary desired: | \$ | Per | | | | | |

PERSONAL INFORMATION

| | | |
|---|-----|----|
| Have you ever applied to or worked for this company before? | Yes | No |
| If yes, When? _____ | | |
| Do you have any friends or relatives working for this company? | Yes | No |
| If yes, state name(s) and relationship _____ | | |
| Why are you applying for work at this company? _____ | | |
| If hired, do you have a reliable means of transportation to and from work? | Yes | No |
| May we contact your current employer? | Yes | No |
| Are you at least 18 years old? | Yes | No |
| <i>(If under 18, hire is subject to verification that you are of minimum legal age).</i> | | |
| If hired, can you present evidence of your U. S citizenship or proof of your legal right to live and work in this country? | Yes | No |
| Are you able to perform the essential functions of the job for which you are applying? | Yes | No |
| If no, describe the functions that cannot be performed _____ | | |
| <small>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, skill and agility tests).</small> | | |

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Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?
 (Convictions for marijuana-related offenses that are more than two years old need not be listed)

Yes No

If yes, state the nature of the crime(s), when and where convicted and the disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered).

EDUCATION, TRAINING AND EXPERIENCE

| School | Name and Address | No. of Years Completed | Did You Graduate | Degree or Diploma |
|---------------------|------------------|------------------------|------------------|-------------------|
| High School | | | | |
| College University | | | | |
| Business/Vocational | | | | |
| Other | | | | |

Do you speak, write or understand any foreign languages? Yes No

If yes, which languages? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work with our company? If so, please explain: _____

ANSWER THE FOLLOWING IF APPLICABLE TO THE POSITION APPLYING FOR

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing State: _____ Expiration Date: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer: _____

Address: _____

Telephone Number: (____) _____ Supervisor's Name: _____

Your Position and Duties: _____

Dates of Employment From: _____ To: _____

Rate of Pay: _____ Beginning \$ _____ Per _____ Ending: \$ _____ Per _____

Reason for Leaving: _____

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| | | |
|---|----------------------------|--|
| EMPLOYMENT HISTORY - continued | | |
| Name of Employer: _____ | | |
| Address: _____ | | |
| Telephone Number: (____) _____ | Supervisor's Name: _____ | |
| Your Position and Duties: _____ | | |
| Dates of Employment From: _____ To: _____ | | |
| Rate of Pay: _____ Beginning \$ _____ Per _____ | Ending: \$ _____ Per _____ | |
| Reason for Leaving: _____ | | |
| | | |
| Name of Employer: _____ | | |
| Address: _____ | | |
| Telephone Number: (____) _____ | Supervisor's Name: _____ | |
| Your Position and Duties: _____ | | |
| Dates of Employment From: _____ To: _____ | | |
| Rate of Pay: _____ Beginning \$ _____ Per _____ | Ending: \$ _____ Per _____ | |
| Reason for Leaving: _____ | | |

MILITARY SERVICE

| | | |
|---|----|--|
| Have you obtained any special skills or abilities as the result of service in the military? | | |
| Yes | No | |
| If so, describe: _____ | | |

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last 3 yrs.

| | | | | |
|--|--------|-----------------------------------|-------|-----|
| Name: _____ Telephone Number: (____) _____ | | | | |
| Address: _____ | | | | |
| No. | Street | City | State | Zip |
| Occupation: _____ | | Number of Years Acquainted: _____ | | |
| Name: _____ Telephone Number: (____) _____ | | | | |
| Address: _____ | | | | |
| No. | Street | City | State | Zip |
| Occupation: _____ | | Number of Years Acquainted: _____ | | |
| Name: _____ Telephone Number: (____) _____ | | | | |
| Address: _____ | | | | |
| No. | Street | City | State | Zip |
| Occupation: _____ | | Number of Years Acquainted: _____ | | |

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PLEASE READ CAREFULLY - INITIAL EACH PARAGRAPH AND SIGN BELOW

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I understand that nothing contained in the application, or conveyed during any interview which may be granted during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant Name: _____
(Printed)

Applicant Signature: _____

Date: _____

INTERVIEWER'S USE ONLY

Interviewed by: _____ Date: _____
Comments: _____

Recommendation for Hire: Yes No
Position: _____ Wages: _____ Location: _____

Interviewer: Additional information that may be necessary to complete an applicant's record may be obtained from the personnel administrator.