

PRE-EMPLOYMENT APPLICATION

STATEMENT OF POLICY: Employment is based on individual merit, and qualification. Employment opportunities are provided without regard to race, color, sex, age, marital status, religion, national origin, or veteran status.

Social Security Number: - -		Note to Applicants: Only United States Citizens or aliens who have a legal right to work in the United States are eligible for employment. Should you be made an offer of employment, you will be asked to submit documentation verifying your identity and your legal right to work in the United States.	
First Name:			
Middle Intl.:	Nickname:		
Last Name:			
Address:		Apt. #:	
City:		State:	Zip:
Home Phone: () - -		Cell Phone: () -	
Pager: () - -		Other Phone: () -	
Emergency Phone Number: () -		Emergency Contact Name:	
Are you 18 years of age or older?:		YES NO	If not, can you furnish a work permit?: YES NO
Education Level (circle one):		Some High School	High School Diploma./GED Some College
AA (2 Year Degree)		BA/BS (4 Year Degree)	Post Graduate Degree (List Field):
Tech/Trade Degree or Certification (List Skill/Trade):			
Other Training (military, courses, etc.):			
Have you ever been convicted of a felony or misdemeanor?		YES	NO
<small>(Note: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances, and seriousness.)</small>			
Have you ever been discharged or suspended from employment?:		YES	NO
If yes, please explain:			
NOTICE TO ALL APPLICANTS: This company complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.			

REFERENCES

Please provide us with references we can contact. Professional references are preferred, however, personal references are acceptable after you have listed all of your professional references first. **THREE ARE REQUIRED.**

1.) Name:	Telephone Number: () —		
Address:	City:	State:	Zip:
How Many Years have you known this reference?	Comments:		
<i>Office use only</i>			
2.) Name:	Telephone Number: () —		
Address:	City:	State:	Zip:
How Many Years have you known this reference?	Comments:		
<i>Office use only</i>			
3.) Name:	Telephone Number: () —		
Address:	City:	State:	Zip:
How Many Years have you known this reference?	Comments:		
<i>Office use only</i>			

PREFERENCES AND PLACEMENT INFORMATION

What type of work are you looking for?
What shifts are you willing to work? 1st 2nd 3rd Any Full Time Part-Time (Hrs.):
What geographic area(s) are you willing to work in?
What is the minimum hourly pay you are willing to accept?
If hired, how would you like to receive your check each week (circle one): Office Pick Up Mailed
Do you have access to reliable transportation?
Use this space to tell us about yourself:

EMPLOYMENT HISTORY

Please provide your most recent employment history first. Provide all requested information. If there is any information you are unable to provide, you may be required to return with this information at a later date.

Last Position Held

Start Date: / /	Company Name:		
End Date: / /	Company Address:		
Starting Salary: \$	City:	State	Zip
Ending Salary: \$	Supervisor Name:	Supervisor Title:	Supervisor Phone: () --

Your position title and description:

Reason for leaving:	Are you eligible for rehire?
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<i>OFFICE USE ONLY</i>			
Dates verified? Yes No	Job title verified? Yes No	Rehire verified? Yes No	

Comments:

2ND TO LAST POSITION HELD

Start Date: / /	Company Name:		
End Date: / /	Company Address:		
Starting Salary: \$	City:	State	Zip
Ending Salary: \$	Supervisor Name:	Supervisor Title:	Supervisor Phone: () --

Your position title and description:

Reason for leaving:	Are you eligible for rehire?
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<i>OFFICE USE ONLY</i>			
Dates verified? Yes No	Job title verified? Yes No	Rehire verified? Yes No	

Comments:

3RD TO LAST POSITION HELD

Start Date: / /	Company Name:		
End Date: / /	Company Address:		
Starting Salary: \$	City:	State	Zip
Ending Salary: \$	Supervisor Name:	Supervisor Title:	Supervisor Phone: () --

Your position title and description:

Reason for leaving:	Are you eligible for rehire?
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<i>OFFICE USE ONLY</i>			
Dates verified? Yes No	Job title verified? Yes No	Rehire verified? Yes No	

Comments:

EDUCATION AND TRAINING

Please provide us with all education and training you have received. Include special coursework, even if you did not graduate. Be sure to include any certifications and/or qualifications you have received.

High School:	City, State:	Last Grade Completed	Did you graduate?	Degree/Major
College:	City, State:	Total Credits Earned:	Did you graduate?	Degree/Major
Other:	City, State	Total Credits Earned:	Did you graduate?	Degree/Major
Other:	City, State	Total Credits Earned:	Did you graduate?	Degree/Major
Other:	City, State	Total Credits Earned:	Did you graduate?	Degree/Major

CERTIFICATION STATEMENT AND SIGNATURE

I certify that all of the information furnished on this application is true, complete and correct. I understand and agree that any falsification, misrepresentation, misleading statement, or omission of fact on either the application or during the pre-hire or post-hire process will be sufficient reason for (1) my not being offered employment; or (2) dismissal at any time if I am employed.

I authorize this employer to release the information contained in the background investigation to other firms or persons upon request. I release this employer, any agency, employer, school, or individual from any liability as a result of such contact. I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time.

I understand that my failure to report for work will indicate that I have quit.

Signature

Date

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Interviewer's Initials:

Date:

Branch/Office Number:

Ratings (1-5):

G

V:

A:

Interview Comments:

Test Scores:	Filing:	Proof Rdng:	Spelling:
Grammar:	Matching:	Ruler:	Dexterity:
Forklift:	Elect. Assembly:	Light Industrial:	Other LI:
Typing:	Data Entry (alpha-num):	Data Entry (num. Only):	Cust. Service:
OA Skill: _____ / / =	OA Skill: _____ / / =	OA Skill: _____ / / =	OA Skill: _____ / / =