



# PRE-EMPLOYMENT APPLICATION

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions are answered.

## PERSONAL:

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_  
LAST FIRST MIDDLE

Present Address \_\_\_\_\_  
No. Street City State Zip

Are you over 18? Yes  No

Email Address \_\_\_\_\_

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes  No

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? Yes  No

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Would you be willing and able to relocate? Yes  No

## EMPLOYMENT DESIRED:

Are you seeking  full-time  part-time

Position applied for \_\_\_\_\_ Salary desired \_\_\_\_\_

Date available to start \_\_\_\_\_

Have you ever applied to our company before? Yes  No

Have you ever worked for our company before? Yes  No

If your answer to either of the above questions is yes, state when and where you applied and/or worked.  
\_\_\_\_\_

How did you learn of our company and/or position? \_\_\_\_\_

Are you now, or do you expect to be, working in any other business or job? Yes  No

Are there any days or hours you would be unable or unwilling to work? Yes  No

If yes, please specify \_\_\_\_\_

<b>EDUCATION:</b>		
<b>Name, Address and Location</b>	<b>Graduate</b>	<b>Courses Studied</b>
<b>High School</b>	Yes / No	Describe:
<b>College</b>	Yes / No	Describe:
<b>Trade School</b>	Yes / No	Describe:

If you did not graduate, why did you leave high school or college? \_\_\_\_\_

Are you planning to pursue further studies? Yes  No

If so, when, where and what courses? \_\_\_\_\_

List and describe any other School or Specialized Training \_\_\_\_\_

**MILITARY:**

Have you ever served in the military? Yes  No

Service Branch \_\_\_\_\_ Date Entered \_\_\_\_\_

Date Separated \_\_\_\_\_ Final Rank \_\_\_\_\_

**CAPABILITY / RELIABILITY:**

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes  No

If not, explain which tasks \_\_\_\_\_

Have you filed any type of fraudulent claim against any of your present or past employers? Yes  No

If yes, explain \_\_\_\_\_

How many days of work (or school) have you missed in the last two years? \_\_\_\_\_

How many times have you been late for work (or school) in the last two years? \_\_\_\_\_

Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes  No

If no, please explain \_\_\_\_\_

## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of employment. If self-employed, give firm name and supply business references. **DO NOT REFERENCE YOUR RESUME. PLEASE GIVE MONTH AND YEAR.**

### Name of Employer

Address  
City, State, Zip Code

Telephone Number

Name and Title of Last Supervisor

Job Title: \_\_\_\_\_

Duties:  
\_\_\_\_\_

Dates of Employment

From: \_\_\_\_\_ To: \_\_\_\_\_

Pay Rate

Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Name of Employer

Address  
City, State, Zip Code

Telephone Number

Name and Title of Last Supervisor

Job Title: \_\_\_\_\_

Duties:  
\_\_\_\_\_

Dates of Employment

From: \_\_\_\_\_ To: \_\_\_\_\_

Pay Rate

Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Address  
City, State, Zip Code

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Name and Title of Last Supervisor

Job Title: \_\_\_\_\_

Duties:  
\_\_\_\_\_

Dates of Employment

From: \_\_\_\_\_ To: \_\_\_\_\_

Pay Rate

Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name, please give that name \_\_\_\_\_

Are you presently employed?

Yes  No

If yes, may we contact your present employer?

Yes  No

Have you ever been fired, or asked to resign, from a job? Yes  No

If yes, please explain \_\_\_\_\_

Do you have a valid State Driver's License?

Yes

No

Do you have a working vehicle?

Yes

No

### SPECIAL SKILLS

Have you had any computer/ window/excel experience or training? Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

Use the space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

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### REFERENCES

Give three references, not relatives or former employers.

NAME	EMAIL ADDRESS	PHONE	OCCUPATION
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### AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I have my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contract with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by me or by the Company at any time for any reason or no reason at all, with or without prior notice.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_