Application Number	
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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, genetic information or any disability as defined in the Americans With Disabilities Act, or for any other reason protected by State or Federal law.

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 have been answered.

PERSONAL INFORMATION
Date/
Name Home Phone ()
Cell Phone () E-Mail Address
Present Address
No. STREET CITY STATE ZIP How long have you resided at this address?
Social Security Number Are you 18 years of age or older? Yes No
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
Are you subject to any non-compete, non-disclosure or confidentiality agreements, or any other type of agreement with any current or former employer(s) or organization(s) which would limit your ability to work for our company? Yes No If yes, please explain:
(Note: You may be required to provide a copy of any such agreement)
Drivers License: State Type Currently Valid?
Would you be willing and able to relocate? ☐ Yes ☐ No
EMPLOYMENT DESIRED
Are you seeking ☐ full time ☐ part time ☐ temporary or summer employment?
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?
Are there any days or hours you would be unable or unwilling to work? \square Yes \square No
If Yes, please specify those days and hours you would be unable or unwilling to work
Is there any type of work which you will not perform?

EDUCATION Name, Address and Location Graduate? Courses Studied High School/GED Circle highest Grade completed Yes 10 11 12 Diploma: No College Circle number of Major: years completed Yes Minor: 1 2 3 4 4+ Degree(s): No Trade School Number of months attended Yes No Diploma or Certificate: If you did not graduate, why did you leave high school or college? List any scholastic honors, offices held and activities involved in during high school and college. (Please exclude those which may reflect race, sex, color, religion, national origin, disability, sexual orientation or other protected status) ___ Please describe any other special courses, seminars or training which may enable you to better perform the duties of the position for which you are applying. _ **MILITARY** Have you ever served in the military? Yes No What duties, training or experience did you have while in the military which may be job related?_____ **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, please explain Will you abide by the safety rules of this company? ☐ Yes ☐ No Have you ever been disciplined for violating company safety rules or regulations? ☐ Yes ☐ No If Yes, please explain How many days of work (or school) have you missed in the last two years? ___

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 unemployment. If self-employed, give firm name and supply business references.

DO NOT REFERENCE YOUR R	of unemployment. If self-employed, give firm na ESUME	PLEASE GIVE MONT			
Name of Employer Address		Name and Title of Last Supervisor	Dates Employed		Pay
City, State, Zip Code	T	-Carrie	From: Mo:	To Mo:	Starting \$
Telephone Area Code ()	Nature of Business		Year	Year	\$
Title		Reason for Leaving			
Describe duties performed, skills t	used/learned, advancements/promotions earned:		·		
Name of Employer	9	Name and Title of Date		mployed	Pay
Address City, State, Zip Code		Last Supervisor	From: Mo:	To Mo:	Starting \$
Telephone Area Code ()	Nature of Business		Year	Year	\$
Title		Reason for Leaving			
Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed From: To		Pay Starting
Telephone Area Code ()	Nature of Business		Mo:	Mo: Year	\$ \$
Title		Reason for Leaving			
Describe duties performed, skills t	used/learned, advancements/promotions earned:	L			
Name of Employer Address		Name and Title of Last Supervisor	Dates Employed Pay		Pay
City, State, Zip Code		Last Supervisor	From: Mo:	To Mo:	Starting \$
Telephone Area Code ()	Nature of Business		Year	Year	\$
Title		Reason for Leaving			
Describe duties performed, skills u	used/learned, advancements/promotions earned:				

NameAre you presently employed? Please list all periods of time sin How did you spend this time?	vious positions under another name @ Company Yes No If yes, may we conta ce high school or college during whi	Name ct your present employer?	_ @ Company es □ No
SPECIAL SKILLS			
Do you type? ☐ Yes ☐ No	Words Per Minutes in which you are proficient, indica		ence you have with each:
List other computer skills, progr	amming languages, or computer tra	uning you have had:	
List other technical training, skil	ls or work experience which may qu	ualify you for a job with us:	
	e why you are interested in working ition with us. If you need more space		•
•		elatives or former employers	
NAME 	ADDRESS	PHONE	OCCUPATION
			<u>. </u>

misleading or otherwise incorrect statemer I hereby authorize the Company to cont. my full and complete consent to their rever against these individuals for libel, slander, I agree that, if I am employed, I will abid policy, are a condition of continued employ is my affirmative responsibility to report to authorized to enter into any written or verb understand that my employment is at-will a	AFFI g questions are true and correct without any cor- als made on this application form or during any is act any company or individual it deems appropriating any and all information they wish as a resu- defamation, invasion of privacy or any other rea- e by all the rules and regulations of the Compar- ment and refusal to take such tests when asket management any evidence of sexual or other ill al employment contracts with me for any definit- and may be terminated by myself or by the comp	nterviews may be grounds for my immediate ate to investigate my employment history, ed it of this investigation. In addition, I hereby w uson because of their statements. I understand that the taking of drug and a divide the province of the statement of the st	discharge. Indication, character and qualifications and I give aive my right to bring any cause of action discohol tests, when given pursuant to company on. I also acknowledge that, if I am employed, it is not the Company is consent of the President of the Company I also posent of the President of the Company I also
Interviewed by: Interviewers remarks:	Company	/ Use Only	
Is the operation of a company v If yes to above, has a request for		☑Yes ☑No ☑Yes ☑No	

SUPPLEMENTAL INFORMATION

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Form APP. 110