

Application Number \_\_\_\_\_

# 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 have been answered,

## PERSONAL:

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

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MIDDLE Area Code

Present Address \_\_\_\_\_  
NO STREET CITY STATE ZIP

Social Security No. \_\_\_\_\_ Are you over 18? Yes ☐ No ☐

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI? Yes ☐ No ☐

If yes, state the offense, location, date, and disposition \_\_\_\_\_

NOTE: A conviction will not necessarily disqualify you from employment.

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 ☐

Drivers License: State \_\_\_\_\_ Type \_\_\_\_\_ Currently Valid? 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? Yes ☐ No ☐

Are there any days or hours you would be unable or unwilling to work? Yes ☐ No ☐ If yes, please specify those days or hours you

would be unable or unwilling to work \_\_\_\_\_

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**EDUCATION:**

| Name, Address, and Location | Dates            | Graduate?   | Courses Studied |
|-----------------------------|------------------|---|-----------------|
| High School                 |                  | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> | Diploma:        |
| College                     | From:<br><br>To: | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> | Diploma:        |
| Trade School                | From:<br><br>To: | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> | Diploma:        |

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 any scholastic honors, offices held, and activities involved in during high school and college \_\_\_\_\_

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 \_\_\_\_\_

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? \_\_\_\_\_

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 \_\_\_\_\_

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## 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.

**PLEASE GIVE MONTH AND YEAR**

**DO NOT REFERENCE YOUR RESUME.**

|  |  |                                      |                                      |                                    |  |
|--|--|--------------------------------------|--------------------------------------|------------------------------------|--|
| Name of Employer<br>Address<br>City, State, Zip Code |  | Name and Title of<br>Last Supervisor | Dates Employed                       |                                    | Pay  |
|  |  |                                      | From:<br>Mo. _____<br><br>Year _____ | To:<br>Mo. _____<br><br>Year _____ | Starting<br>\$ _____<br><br>Ending<br>\$ _____ |
| Telephone<br>Area Code (      )                      |  | Nature of Business                   |                                      |                                    |  |
| Duties   |  | Reason for Leaving                   |                                      |                                    |  |

|  |  |                                      |                                      |                                    |  |
|--|--|--------------------------------------|--------------------------------------|------------------------------------|--|
| Name of Employer<br>Address<br>City, State, Zip Code |  | Name and Title of<br>Last Supervisor | Dates Employed                       |                                    | Pay  |
|  |  |                                      | From:<br>Mo. _____<br><br>Year _____ | To:<br>Mo. _____<br><br>Year _____ | Starting<br>\$ _____<br><br>Ending<br>\$ _____ |
| Telephone<br>Area Code (      )                      |  | Nature of Business                   |                                      |                                    |  |
| Duties   |  | Reason for Leaving                   |                                      |                                    |  |

|  |  |                                      |                                      |                                    |  |
|--|--|--------------------------------------|--------------------------------------|------------------------------------|--|
| Name of Employer<br>Address<br>City, State, Zip Code |  | Name and Title of<br>Last Supervisor | Dates Employed                       |                                    | Pay  |
|  |  |                                      | From:<br>Mo. _____<br><br>Year _____ | To:<br>Mo. _____<br><br>Year _____ | Starting<br>\$ _____<br><br>Ending<br>\$ _____ |
| Telephone<br>Area Code (      )                      |  | Nature of Business                   |                                      |                                    |  |
| Duties   |  | Reason for Leaving                   |                                      |                                    |  |

|  |  |                                      |                                      |                                    |  |
|--|--|--------------------------------------|--------------------------------------|------------------------------------|--|
| Name of Employer<br>Address<br>City, State, Zip Code |  | Name and Title of<br>Last Supervisor | Dates Employed                       |                                    | Pay  |
|  |  |                                      | From:<br>Mo. _____<br><br>Year _____ | To:<br>Mo. _____<br><br>Year _____ | Starting<br>\$ _____<br><br>Ending<br>\$ _____ |
| Telephone<br>Area Code (      )                      |  | Nature of Business                   |                                      |                                    |  |
| Duties   |  | Reason for Leaving                   |                                      |                                    |  |

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**SUPPLEMENTAL EMPLOYMENT INFORMATION**

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

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

\_\_\_\_\_

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**SPECIAL SKILLS**

Do you type? ..... Yes ☐ No ☐

Words Per Minute \_\_\_\_\_

Do you take shorthand? ..... Yes ☐ No ☐

Words Per Minute \_\_\_\_\_

Have you had any computer or word processing experience or training? Yes ☐ No ☐

If yes, please describe \_\_\_\_\_

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 | Address | Phone | Occupation |
|------|---------|-------|------------|
|      |         |       |            |
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|      |         |       |            |

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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 give 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 contracts 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 myself or by the company at any time for any reason, or no reason at all, with or without prior notice.

Signature \_\_\_\_\_

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

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**COMPANY USE ONLY**

Interviewed by:

Interviewers remarks:

Is the operation of a company vehicle a job requirement? ..... Yes ☐ No ☐

If yes to above, has a request for driver's record been made? ..... Yes ☐ No ☐