



APPLICATION FOR EMPLOYMENT
 (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____ SOCIAL SECURITY #: _____

NAME: _____ REFERRED BY: _____

PRESENT ADDRESS _____

PERMANENT ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ DATE OF BIRTH*: _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES ___ NO ___

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? ** YES ___ NO ___ IF YES, PLEASE DESCRIBE:

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR VOCATIONAL SCHOOL				

GENERAL

SPECIAL SKILLS/ TRAINING OR STUDY/ RESEARCH? _____

U.S. MILITARY OR NAVAL SERVICE? _____ RANK: _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

** You will not be denied employment solely because of a conviction record, unless the offense is related to the job which you have applied.

FORMER EMPLOYERS (LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST.)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES: NO:

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

IN CASE OF EMERGENCY NOTIFY: NAME: _____ PHONE #: _____

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THIS INFORMATION TO YOU.

I UNDERSTAND THAT ALL SEASONS HARDWARE DOES RESERVE THE RIGHT TO REQUEST RANDOM DRUG TESTING. I FURTHER UNDERSTAND AND AGREE, IF HIRED, I MAY BE REQUESTED TO SUBMIT TO A DRUG TEST ADMINISTERED BY ALL SEASONS COMPANY PHYSICIAN AT NO COST TO ME.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____ CHARACTER: _____

PERSONALITY: _____ ABILITY: _____

HIRED: _____ POSITION: _____ WILL REPORT: _____ SALARY: _____

APPROVED: 1) _____ 2) _____