



Application for Employment

Pre-Employment Questionnaire

Equal Opportunity Employer

Store Name:	Date:
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Personal Information

Name (Last, First, MI)			
Present address	City	State	Zip
Permanent address	City	State	Zip
Phone No. 1	Phone No. 2		
Social security number	Driver's license number/state/expiration		
Email Address: <i>(if job involves any driving)</i>			

Employment Desired

Position applied for	Date you can start	Salary desired
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

Education History

	Name and Location of School	Years Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or other school				

Additional Information

Subjects of special study/research work or special training/skills	
U.S. Military or Naval Service	Rank

[PLEASE CONTINUE ON NEXT PAGE]

Employment Information

Former Employers (List below last four employers, starting with your most recent one.)

Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
To				
From				
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

Additional Information

Do you have any friends or relatives employed by this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide their names and relationship to you:			
If you are under 18 years of age, can you provide proof of your eligibility to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:			
If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)"? (If Yes provide details below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Have you ever been convicted of a felony or misdemeanor? (If Yes provide details below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of Medicare Fraud and Abuse? (If Yes provide details below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to any of the above 3 please provide details/dates:			

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 and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also authorize and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws".

Signature: _____

Date: _____

Interviewed by: _____

Date: _____