

Application for Employment

Pre-Employment Questionnaire • An Equal Opportunity Employer



FOR INTERNAL USE ONLY

Department # _____

Employee # _____

Type: Part-time 30
 Full-time 30
 Part-time 60
 Full-time 60

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for: _____ Referred by: _____ Date of application ___/___/___

Name: _____

Address: _____
LAST (PLEASE PRINT) FIRST MIDDLE

Telephone# (____) _____ Mobile# (____) _____ Social Security# _____
STREET CITY STATE ZIP CODE

The best time to contact you is: _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain: _____

Have you ever been employed here before?..... Yes No If yes, when? _____

Are you either a U.S. citizen or alien authorized to work in the U.S?..... Yes No

Date available for work: ___/___/___ Days & hours available for work: _____

Are you employed now?..... Yes No If yes may we inquire of your present employer?..... Yes No

If no, please explain: _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Have you been convicted of a felony?..... Yes No

If yes, please explain: _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

How do you feel about working nights, weekends, holidays and overtime? _____

What are your plans for the future? _____

Employment History

Provide the following information for your past three (3) employers, assignments or volunteer activities, starting with the most recent.

FROM TO EMPLOYER TELEPHONE
()

JOB TITLE ADDRESS

IMMEDIATE SUPERVISOR AND TITLE SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES

REASON FOR LEAVING HOURLY RATE/SALARY
START \$ _____ PER _____ FINAL\$ _____ PER _____

FROM TO EMPLOYER TELEPHONE
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Which of these jobs did you like best? _____

What did you like most about this job? _____

Why do you want to work at That Fish Place? _____

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Education

NAME & LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

Emergency: Please list person to notify in case of emergency.

NAME	ADDRESS	RELATIONSHIP	TELEPHONE
			()

References: Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	TELEPHONE	YEARS KNOWN
			()	
			()	
			()	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OF MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION CONTAINED FROM ALL REFERENCES, EMPLOYERS, EDUCATION INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HERBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCE MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I represent and warrant that I have read and fully understand the foregoing and seeking employment under these conditions.

Signature of Applicant _____ Date ____/____/____

DO NOT WRITE BELOW THIS LINE

Interview by _____ Date ____/____/____ Hired Yes No Salary Wage _____

Remarks _____ Start Date ____/____/____

Position _____ Dept. _____

Neatness _____ Approved: 1. _____

Ability _____ 2. _____

_____ 3. _____