

# 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 \_\_\_\_\_  
LAST (PLEASE PRINT) FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone# (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper# (\_\_\_\_) \_\_\_\_\_ Social Security# \_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_ 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

Are you able to meet the attendance requirements of the position?..... Yes  No

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 |
|--------------------------------|----|--|-----------|
|                                |    | ADDRESS  | ( )       |
| JOB TITLE                      |    | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES          |           |
| IMMEDIATE SUPERVISOR AND TITLE |    |  |           |
| REASON FOR LEAVING             |    | HOURLY RATE/SALARY<br>START \$ _____ PER _____ FINALS \$ _____ PER _____ |           |
| FROM                           | TO | EMPLOYER   | TELEPHONE |
|                                |    | ADDRESS  | ( )       |
| JOB TITLE                      |    | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES          |           |
| IMMEDIATE SUPERVISOR AND TITLE |    |  |           |
| REASON FOR LEAVING             |    | HOURLY RATE/SALARY<br>START \$ _____ PER _____ FINALS \$ _____ PER _____ |           |
| FROM                           | TO | EMPLOYER   | TELEPHONE |
|                                |    | ADDRESS  | ( )       |
| JOB TITLE                      |    | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES          |           |
| IMMEDIATE SUPERVISOR AND TITLE |    |  |           |
| REASON FOR LEAVING             |    | HOURLY RATE/SALARY<br>START \$ _____ PER _____ FINALS \$ _____ PER _____ |           |

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 AND 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<br>( ) |
|------|---------|--------------|------------------|
|      |         |              |                  |

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

| NAME | ADDRESS | BUSINESS | TELEPHONE<br>( ) | 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks \_\_\_\_\_

Neatness \_\_\_\_\_

Ability \_\_\_\_\_

Hired  Yes  No Salary Wage \_\_\_\_\_

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

Position \_\_\_\_\_ Dept. \_\_\_\_\_

Approved: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_