

Application for Employment (Pre-Employment Questionnaire) (An Equal Opportunity Employer)

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)
Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY THE APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Location Desired:

PERSONAL INFORMATION			
			Date:
Applicant Name: Last	First	Middle	Nickname
Last	THSt	Middle	Tylekhanie
Address:			
Street	City	State	Zip Code
Phone Number:	Are You 18 Years	Or Older? Yes or No (Ci	rcle One)
Are You Prevented From Lawfully Becomi In This Country Because of Visa or Immigr		No (Circle One)	
E-Mail Address:			
EMPLOYMENT DESIRED			
Position:	Date You Can Start:	Salary	Desired:
Are You Employed Now?	If So, May We Inq Present Employer?	uire of Your	
Ever Applied To This Company Before?	Where?	Whe	en?
Referred By:			

Availability: (Place an X in the box in which you are available to work)

Time Of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
(10:00 - 4:00)							
Night							
(4:00 - CL)							

EDUCATION	Name And Location of School	No. Of Years Attended	Did You Graduate?	Degree
High School				
College				
Trade, Business or Correspondence School				
Military				

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent three (3) year period.

EMPLOYER

Name	Address		Туре	of Busine	SS	
Telephone: ()	Dates Employed:	From		То	/	/
Job Title:	Duties:					
Supervisor's Name:	May we conta	act? (Y) (N)	If No, why r	ot?		
Wages: Start Final	Reason for Leaving?					
EMPLOYER Name	Address		Туре	e of Busine	SS	
Telephone: ()	Dates Employed:	From	_//	То	/	/
Job Title:	Duties:					
Supervisor's Name:	May we conta	act? (Y) (N)	If No, why r	ot?		
Wages: StartFinal	Reason for Leaving?					

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NAME	POSITION	COMPANY	WORK	TELEPHONE
			RELATIONSHIP	NUMBER

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date:	Signature:
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