



PRE-EMPLOYMENT QUESTIONNAIRE WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMA	IION						
NAME (FIRST & LAST)					PHONE #		
ADDRESS, CITY, STATE, ZIF			EMAIL				
ARE YOU 16 OR OLDER? (Labor Laws) ARE YOU			OU <u>18</u> OR OLDER? (Alcohol Serving Laws			REFERRED B	3Y
() YES () NO	() YES () NO						
EMPLOYMENT DESIRED							
POSITION	DATE YOU CAN START		SALARY DESIRED				
EVER APPLIED TO THIS CO	RE? WHICH LOCATION		ION?		WHEN?		
() YES () NO							
SHIFT AVAILABILITY: PLEASE INDICATE ANY DAYS/EVENINGS YOU WOULD <u>NOT</u> BE AVAILABLE TO WORK							
EDUCATION							
HIGH SCHOOL		LOCATION		DID YOU GRADUATE?		SUBJECTS STUDIED	
COLLEGE		LOCATION		DID YOU GRADUATE?		SUBJECTS STUDIED	
OTHER		LOCATION		DID YOU GRADUATE?		SUBJECTS STUDIED	
SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS:							
GENERAL							
ARE YOU A CITIZEN OF THE UNITED STATES?							()YES ()NO
DO YOU HAVE ANY DISABILITY THAT WOULD PREVENT YOU FROM PERFORMING YOUR JOB?							() YES () NO
ARE YOU OR HAVE YOU BEEN IN THE US MILITARY/NAVAL SERVICE? () YES () NO							
FORMER EMPLOYERS LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST							
DATE (Month/Year) NAME & PHONE # OF EMPLOY						REASON FOR LEAVING	
FROM:					, ,		
TO:							
FROM:							
TO: FROM:							
TO:							
ARE YOU CURRENTLY EMPLOYED?				IF SO, MAY WE CONTACT YOUR PR			NT EMPLOYER?
REFERENCES							
NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST TWO YEARS							
NAME			PHONE #			YEARS KNOV	VN
			()				
			()				
			()				
AUTHORIZATION I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN, 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. I ALSO RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I UNDERSTAND 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 TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY AGENT. DATE: SIGNATURE:							