	App Pre-Employment Que		r Employment (An Equal Opport	unity Employer)		
Personal Infor Name	mation:			Date		
La	st	First		Middle)	
Current Address	Street	City				
Phone Number:	511661	City Date of I		State Birth:	Zip	
Are you legally el	ligible for employment in	the United S				
Employment D	······································					
Position:			Date available to	begin:		
					Wage Desired?	
Have you ever be	en employed here before	? 🗆 Yes Da	ites:	N	10	
	extent permitted by law.		⊐ No			
Educational Ba				Subjects Stud		
· · · · · · · · · · · · · · · · · · ·		Number of Years Attended	Did You Graduate?	Subjects Stud	ied	
Educational Ba	ckground: Name and Location of	Number of Years	Did You	Subjects Stud	ied	
Educational Ba Education	ckground: Name and Location of	Number of Years	Did You	Subjects Stud	ied	
Educational Ba Education High School	ckground: Name and Location of	Number of Years	Did You	Subjects Stud	ied	
Educational Ba Education High School College Vocational Training-Other	ckground: Name and Location of	Number of Years Attended	Did You Graduate?	, etc., that would be o	of benefit in	

Veteran's Preference	Claimed?	🗆 Yes	
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Initial and Date: _____

*If Veterans Preference is claimed, a copy of the Department of Defense Form 214 must be submitted with this application.

🗆 No

Employment History:

Dates (Month and Year)	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
То				
From				
То				
From				
То				

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

Name	Phone Number	Business	Years Acquainted
1.			
2.			
3.			

In case of emergency notify:

Name

Address

Phone #

"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 casue, 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 wrong 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 or forgoing."

Date

Signature