



# Application for Employment

(Pre-Employment Questionnaire)

(An Equal Opportunity Employer)

## Personal Information

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Social Security \_\_\_\_\_

Present Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Are you 16 years or older? Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes  No

## Employment Desired

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

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

Ever applied to this company before? Yes  No  Where? \_\_\_\_\_ When? \_\_\_\_\_

Referred by \_\_\_\_\_

Type of driver's license:  Regular Operator  CDL Chauffer  Restricted  None (Please check one)

Can you operate a vehicle with a clutch and "stick"? Yes  No

Experience with Truck/Trailer combo? (Describe) \_\_\_\_\_

Any felony type conviction? Yes  No  If yes, describe: \_\_\_\_\_

Note: A pre-employment physical and drug/alcohol screen will be required prior to employment.

Education	Name and Location of School	No. Years Attended	Year Graduated	Subjects Studies
Grammar School				
High school				
College				
Trade Business or Correspondence school				

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

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LAST

FIRST

MIDDLE

**General**

Subjects of special study or research work \_\_\_\_\_

Special Skills \_\_\_\_\_

Activities: (Civic, Athletics, Etc.) \_\_\_\_\_

U.S Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_ Present membership in National Guard or Reserves \_\_\_\_\_

**Former Employers** (List below last three employers, starting with last one first)

Date: Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

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

Name	Address	Business	Years Acquainted
1			
2			
3			

The following statement applies in: Maryland &amp; Massachusetts (Full in name of state). It is unlawful in the state of \_\_\_\_\_ to require or administer lie detector test as a subject to criminal penalties and civil liability.

Signature of applicant \_\_\_\_\_

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, admissions, 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 anytime 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 agreement for employment for any specific period of time, or to make any agreement contract or the foregoing."

Date \_\_\_\_\_ Signature \_\_\_\_\_

Continued

## Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at anytime with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### For Personnel Department use only *Do not write below this line*

Arrange Interview: Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed Yes  No  Date of employment \_\_\_\_\_

Job title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_  
Name and Title

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Neatness: \_\_\_\_\_ Ability: \_\_\_\_\_

Hired Yes  No  Position: \_\_\_\_\_ Dept.: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Date reporting to work: \_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Employment Manager Dept. Head General Manager