



APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE

PERSONAL INFORMATION

NAME: LAST FIRST	MIDDLE INITIAL	SOCIAL SECURITY #	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER: YES/NO	PHONE#		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	DESIRED Wage (MUST FILL OUT)
ARE YOU EMPLOYED NOW? YES/NO		MAY WE CONTACT YOUR PRESENT EMPLOYER? YES/NO
WHO REFERRED YOU TO THIS COMPANY?		
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> INTERNET <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT <input type="checkbox"/> OFFICE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER		

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL & SUBJECTS STUDIED	# OF YEARS ATTENDED	DID YOU GRADUATE?
GRAMMAR SCHOOL:			
HIGH SCHOOL:			
COLLEGE:			
TRADE BUSINESS SCHOOLS:			

GENERAL

SPECIAL TRAINING:
SPECIAL SKILLS:

FORMER EMPLOYERS: List below last three employers, starting with the most recent first.

NAME OF PRESENT EMPLOYER:			
ADDRESS	CITY	STATE	ZIP
FIRST DATE OF EMPLOYMENT	LAST DATE OF EMPLOYMENT	JOB TITLE	
WEEKLY STARTING PAY SALARY ? Hourly ?	WEEKLY ENDING PAY SALARY ? Hourly ?	MAY WE CONTACT? YES/NO	
NAME OF SUPERVISOR	TITLE	PHONE#	
DESCRIPTION OF WORK PERFORMED			
REASON FOR LEAVING: (MUST FILL OUT)			

NAME OF PREVIOUS EMPLOYER:			
ADDRESS	CITY	STATE	ZIP
FIRST DATE OF EMPLOYMENT	LAST DATE OF EMPLOYMENT	JOB TITLE	
WEEKLY STARTING PAY SALARY ? Hourly ?	WEEKLY ENDING PAY SALARY ? Hourly ?	MAY WE CONTACT? YES/NO	
NAME OF SUPERVISOR	TITLE	PHONE#	
DESCRIPTION OF WORK PERFORMED			
REASON FOR LEAVING (MUST FILL OUT)			

NAME OF PREVIOUS EMPLOYER:			
ADDRESS	CITY	STATE	ZIP
FIRST DATE OF EMPLOYMENT	LAST DATE OF EMPLOYMENT	JOB TITLE	
WEEKLY STARTING PAY SALARY ? Hourly ?	WEEKLY ENDING PAY SALARY ? Hourly ?	MAY WE CONTACT? YES/NO	
NAME OF SUPERVISOR	TITLE	PHONE#	
DESCRIPTION OF WORK PERFORMED			
REASON FOR LEAVING (MUST FILL OUT)			

PLEASE READ & SIGN THE STATEMENT BELOW

I understand that, in accordance with Florida Statute 443.131 (3) (a) (2), if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory performance within the 90-day probationary period, the employer may seek to contest any unemployment benefits I might attempt to obtain as a result of my termination.

_____ (initials).

I understand and agree that all policies, procedures, and the employee handbook may be modified, amended, or deleted by the company with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment, nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of the employer with or without notice of either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement, unless they are in writing and signed by the president.

_____ (initials).

I understand that I may be required to undertake blood and/or urinalysis screening for drugs or alcohol use as part of our pre-employment process. In addition, all employees are subject to blood and/or urinalysis screening for drug use.

_____ (initials).

I certify that all information given on this employment application; any resume that I submit to the company; and any related papers and answers given during oral interviews are true and correct. I understand that the employer will make a thorough investigation of my work and personal history. I authorize the transmittal of any such information requested by the company during the course of such an investigation. I understand that falsification of information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation.

_____ (initials).

DATE: _____ SIGNATURE: _____

EMPLOYERS USE ONLY INTERVIEWERS COMMENTS

GENERAL

Below give the names of three persons you are not related to, whom you have known at least one

NAME	ADDRESS & PHONE #	BUSINESS	YEARS KNOWN

Have you been convicted of a felony within the last five years?

YES NO EXPLAIN: _____

NOTICE TO APPLICANTS

We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical questionnaire and/or undergo a medical examination. If required, all new employees in the same job category will be subject to the same medical questionnaire and/or undergo a medical examination, and all information will be kept confidential in separate files.

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.