

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION**

				DATE
NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER

PRESENT ADDRESS

STREET	CITY	STATE	ZIP
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PERMANENT ADDRESS

STREET	CITY	STATE	ZIP
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PHONE NO. ARE YOU 18 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
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ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

REFERRED BY \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES: (CIVIL, ATHLETIC, ETC) \_\_\_\_\_  
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBER

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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\*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

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

DATE

MONTH AND YEAR NAME AND ADDRESS OF EMPLOYEE SALARY POSITION REASON FOR LEAVING

FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?  
WHAT DID YOU LIKE MOST ABOUT IT?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST 1 YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS (FILL IN NAME OF STATE)  
IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A  
CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE  
SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITIES.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

IN CASE OF  
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL OF 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

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY DATE

REMARKS

NEATNESS ABILITY

HIRED YES NO POSITION DEPARTMENT

SALARY/WAGE DATE REPORTING TO WORK

APPROVED 1. 2. 3.  
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

I, \_\_\_\_\_, authorize investigation of all statements contained in the application. I release from all liability all persons, companies, and corporations supplying such information and I indemnify this employer against any liability which might result from making such investigation. I am willing to have a physical examination and drug testing at the expense of Pippin Wholesale Company prior to and during my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Driver License# \_\_\_\_\_

State Issued \_\_\_\_\_