

Have you ever worked here before? YES NO If you ever applied or worked for us, state when and where you applied and/or worked. _____

How did you learn of our company and/or position? _____

Are you now or do you expect to be involved in any other business or employment? YES NO

Are there any days or hours you would be unable or unwilling to work? YES NO

Military

Have you ever served in the military? YES NO Service Branch _____

What was your occupational specialty (MOS)? _____

What special training did you receive that may help you if employed by us? _____

Personal Health

Can you lift a minimum of 70 lbs? YES NO

Can you perform all specific tasks associated with the position you are applying for without special apparatus or minimal changes or alterations to the company? YES NO

Have you used any illegal drug, including marijuana, in the last twelve months? YES NO

Have you ever been convicted for driving while intoxicated, or under the influence of drugs or alcohol? (If yes, when ____/____/____) YES NO

Are you willing to take a physical exam and a drug screen at our expense? YES NO

How many days leave did you take last year? _____

How many Fridays & Mondays did you take as leave last year? _____

Education

High School _____ Graduate YES NO Courses Studied _____
Name, address _____

College _____ Graduate YES NO Courses Studied _____
Name, address _____

Trade School _____ Graduate YES NO Courses Studied _____
Name, address _____

In the lines provided please list your **STRENGTHS** and **WEAKNESSES**.

Are you planning to pursue further studies? YES NO If so, when and what courses?

List any scholastic honors, offices held and activities involved in during high school or college:

List and describe any other School or Specialized Training:

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give the firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of Employer _____ Name of Last Supervisor _____

Address _____ Telephone (_____) _____
No. City State Zip AC

Position Held: _____ Nature of Business _____

Date Employed: From ____/____/____ To ____/____/____ Pay Starting _____ Ending _____
Month Year Month Year

Reason for leaving: _____

Duties: _____

Name of Employer _____ Name of Last Supervisor _____

Address _____ Telephone (_____) _____
No. City State Zip AC

Position Held: _____ Nature of Business _____

Date Employed: From ____/____/____ To ____/____/____ Pay Starting _____ Ending _____
Month Year Month Year

Reason for leaving: _____

Duties: _____

Name of Employer _____ Name of Last Supervisor _____

Address _____ Telephone (____) _____
No. City State Zip AC

Position Held: _____ Nature of Business _____

Date Employed: From ____/____/____ To ____/____/____ Pay Starting _____ Ending _____
Month Year Month Year

Reason for leaving: _____

Duties: _____

Have you ever worked under another name, please give that name: _____

Are you presently employed? YES NO
 If yes, may we contact your present employer? YES NO

Special Skills

Do you type? YES NO Number of words per minute _____
 Do you take shorthand? YES NO Words per minute _____
 Have you had any computer or word processor experience or training? YES NO
 If yes, please describe the extent: _____
 What languages do you speak and/or write fluently? _____

Use the space below to describe why you are interested in working for us list the skills and abilities, which you feel particularly, qualify you for a position with us. Please attach resume if you have one available.

References

Give three references. NOT relatives or former employers.

1. _____
Name Address Phone Occupation
2. _____
Name Address Phone Occupation
3. _____
Name Address Phone Occupation

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without any intentional omissions of consequence of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that you shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in the questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my abilities are true and was made without reservations. Further I agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to us any information regarding treatment rendered now and tin the future. I further understand that the taking of a drug test and physical are a condition of employment and refusal to take such tests when requested will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contract on behalf of us without the express written consent of the President. I understand my employment is at will. I further understand that I will be given an "employee handbook" outlining our rules and regulations.

Signature _____ Date _____

Company Use Only

Interviewed by: _____ Date _____

Drivers License # _____

Interviewer remarks: _____

