



eatwelldc

CALLED:

DATE _____ MGR _____

INTERVIEWED:

DATE _____ MGR _____

DATE _____ MGR _____

APPLICATION FOR EMPLOYMENT

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

LOCATION _____

DATE _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ EMAIL ADDRESS _____

REFERRED BY _____ DATE OF BIRTH _____ ARE YOU 21 OR OLDER? _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

I AM INTERESTED IN: FULL TIME (30-40 HRS PER WEEK) PART TIME (15-30 HRS PER WEEK)

ARE YOU EMPLOYED NOW? NO YES, FULL TIME PART TIME ARE YOU A FULL TIME STUDENT? YES NO

HAVE YOU FILED AN APPLICATION WITH THIS COMPANY BEFORE? YES NO IF YES, DATE _____

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? YES NO IF YES, DATE _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)

EMPLOYED		NAME & LOCATION OF EMPLOYER NAME OF SUPERVISOR SUPERVISOR'S PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM	TO				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____

(Continued on other side)

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT.



eatwelldc

EDUCATION INFORMATION

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDANCE SCHOOL				

REFERENCES

(GIVE THE NAMES OF THREE PERSONS FOR WHOM YOU HAVE WORKED FOR AT LEAST ONE YEAR)

NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

PHYSICAL RECORD

HAVE YOU ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION _____

PLEASE DESCRIBE _____

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NO.
------	---------	-----------

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without and prior notice."

SIGNATURE _____ DATE _____

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT.

DO NOT WRITE BELOW THIS LINE

WORK RESTRICTIONS

HIRED: YES NO

IF YES, DATE _____ BY _____

AVAILABILITY

STARTING DATE _____

POSITION _____

SALARY/WAGES _____

REMINDERS - CHECK OFF

- 2 IDS OR PASSPORT
- UNIFORM
- MUST WORK SUNDAY