

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE --- AN EQUAL OPPORTUNITY EMPLOYER



| APPLICANT INFORMATION                             |  |       |  |                              |                     |                              |  |                                                |                  |        |                |                              |  |                             |  |
|---------------------------------------------------|--|-------|--|------------------------------|---------------------|------------------------------|--|------------------------------------------------|------------------|--------|----------------|------------------------------|--|-----------------------------|--|
| Last Name                                         |  |       |  |                              |                     | First                        |  |                                                |                  | M.I.   |                | Date                         |  |                             |  |
| Present Address                                   |  |       |  |                              |                     |                              |  |                                                | Apartment/Unit # |        |                |                              |  |                             |  |
| City                                              |  |       |  |                              |                     | State                        |  |                                                |                  | ZIP    |                |                              |  |                             |  |
| Previous Address                                  |  |       |  |                              |                     |                              |  |                                                | Apartment/Unit # |        |                |                              |  |                             |  |
| City                                              |  |       |  |                              |                     | State                        |  |                                                |                  | ZIP    |                |                              |  |                             |  |
| Phone                                             |  |       |  |                              |                     | Email Address                |  |                                                |                  |        |                |                              |  |                             |  |
| Date Available                                    |  |       |  |                              | Social Security No. |                              |  |                                                |                  |        | Desired Salary |                              |  |                             |  |
| Position Applied for                              |  |       |  |                              |                     |                              |  |                                                |                  |        |                |                              |  |                             |  |
| Are you a citizen of the United States?           |  |       |  | YES <input type="checkbox"/> |                     | NO <input type="checkbox"/>  |  | If no, are you authorized to work in the U.S.? |                  |        |                | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |
| Have you ever worked for this company?            |  |       |  | YES <input type="checkbox"/> |                     | NO <input type="checkbox"/>  |  | If so, when?                                   |                  |        |                |                              |  |                             |  |
| Have you ever been convicted of a felony?         |  |       |  | YES <input type="checkbox"/> |                     | NO <input type="checkbox"/>  |  | If yes, explain                                |                  |        |                |                              |  |                             |  |
| In Case of Emergency                              |  | Name: |  |                              |                     | Address:                     |  |                                                |                  | Phone: |                |                              |  |                             |  |
|                                                   |  |       |  |                              |                     |                              |  |                                                |                  |        |                |                              |  |                             |  |
| EDUCATION                                         |  |       |  |                              |                     |                              |  |                                                |                  |        |                |                              |  |                             |  |
| High School                                       |  |       |  |                              |                     | Address                      |  |                                                |                  |        |                |                              |  |                             |  |
| From                                              |  | To    |  | Did you graduate?            |                     | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                    |                  | Degree |                |                              |  |                             |  |
| College                                           |  |       |  |                              |                     | Address                      |  |                                                |                  |        |                |                              |  |                             |  |
| From                                              |  | To    |  | Did you graduate?            |                     | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                    |                  | Degree |                |                              |  |                             |  |
| Other                                             |  |       |  |                              |                     | Address                      |  |                                                |                  |        |                |                              |  |                             |  |
| From                                              |  | To    |  | Did you graduate?            |                     | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                    |                  | Degree |                |                              |  |                             |  |
| REFERENCES                                        |  |       |  |                              |                     |                              |  |                                                |                  |        |                |                              |  |                             |  |
| <i>Please list three professional references.</i> |  |       |  |                              |                     |                              |  |                                                |                  |        |                |                              |  |                             |  |
| Full Name                                         |  |       |  |                              |                     | Relationship                 |  |                                                |                  |        |                |                              |  |                             |  |
| Company                                           |  |       |  |                              |                     | Phone                        |  | (      )                                       |                  |        |                |                              |  |                             |  |
| Address                                           |  |       |  |                              |                     |                              |  |                                                |                  |        |                |                              |  |                             |  |
| Full Name                                         |  |       |  |                              |                     | Relationship                 |  |                                                |                  |        |                |                              |  |                             |  |
| Company                                           |  |       |  |                              |                     | Phone                        |  | (      )                                       |                  |        |                |                              |  |                             |  |
| Address                                           |  |       |  |                              |                     |                              |  |                                                |                  |        |                |                              |  |                             |  |
| Full Name                                         |  |       |  |                              |                     | Relationship                 |  |                                                |                  |        |                |                              |  |                             |  |
| Company                                           |  |       |  |                              |                     | Phone                        |  | (      )                                       |                  |        |                |                              |  |                             |  |
| Address                                           |  |       |  |                              |                     |                              |  |                                                |                  |        |                |                              |  |                             |  |

101 Jungle Hut Road -- Palm Coast, FL 32137

| PREVIOUS EMPLOYMENT                                                                                                                                 |  |                    |  |                              |  |                             |  |                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|------------------------------|--|-----------------------------|--|--------------------|--|
| Company                                                                                                                                             |  |                    |  |                              |  | Phone                       |  | (      )           |  |
| Address                                                                                                                                             |  |                    |  |                              |  | Supervisor                  |  |                    |  |
| Job Title                                                                                                                                           |  |                    |  | Starting Salary              |  | \$                          |  | Ending Salary \$   |  |
| Responsibilities                                                                                                                                    |  |                    |  |                              |  |                             |  |                    |  |
| From                                                                                                                                                |  |                    |  | To                           |  |                             |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?                                                                                            |  |                    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |                    |  |
| Company                                                                                                                                             |  |                    |  |                              |  | Phone                       |  | (      )           |  |
| Address                                                                                                                                             |  |                    |  |                              |  | Supervisor                  |  |                    |  |
| Job Title                                                                                                                                           |  |                    |  | Starting Salary              |  | \$                          |  | Ending Salary \$   |  |
| Responsibilities                                                                                                                                    |  |                    |  |                              |  |                             |  |                    |  |
| From                                                                                                                                                |  |                    |  | To                           |  |                             |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?                                                                                            |  |                    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |                    |  |
| Company                                                                                                                                             |  |                    |  |                              |  | Phone                       |  | (      )           |  |
| Address                                                                                                                                             |  |                    |  |                              |  | Supervisor                  |  |                    |  |
| Job Title                                                                                                                                           |  |                    |  | Starting Salary              |  | \$                          |  | Ending Salary \$   |  |
| Responsibilities                                                                                                                                    |  |                    |  |                              |  |                             |  |                    |  |
| From                                                                                                                                                |  |                    |  | To                           |  |                             |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?                                                                                            |  |                    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |                    |  |
| Company                                                                                                                                             |  |                    |  |                              |  | Phone                       |  | (      )           |  |
| Address                                                                                                                                             |  |                    |  |                              |  | Supervisor                  |  |                    |  |
| Job Title                                                                                                                                           |  |                    |  | Starting Salary              |  | \$                          |  | Ending Salary \$   |  |
| Responsibilities                                                                                                                                    |  |                    |  |                              |  |                             |  |                    |  |
| From                                                                                                                                                |  |                    |  | To                           |  |                             |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?                                                                                            |  |                    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |                    |  |
|                                                                                                                                                     |  |                    |  |                              |  |                             |  |                    |  |
| MILITARY SERVICE                                                                                                                                    |  |                    |  |                              |  |                             |  |                    |  |
| Branch                                                                                                                                              |  |                    |  | From                         |  |                             |  | To                 |  |
|                                                                                                                                                     |  |                    |  |                              |  |                             |  | Rank               |  |
|                                                                                                                                                     |  |                    |  |                              |  |                             |  |                    |  |
| GENERAL Subjects of Special Study or Research Work                                                                                                  |  |                    |  |                              |  |                             |  |                    |  |
| Special Skills                                                                                                                                      |  |                    |  |                              |  |                             |  |                    |  |
| Activities: (Civic, Athletic, Etc.)                                                                                                                 |  |                    |  |                              |  |                             |  |                    |  |
| DISCLAIMER AND SIGNATURE                                                                                                                            |  |                    |  |                              |  |                             |  |                    |  |
| I certify that my answers are true and complete to the best of my knowledge.                                                                        |  |                    |  |                              |  |                             |  |                    |  |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |  |                    |  |                              |  |                             |  |                    |  |
| Signature                                                                                                                                           |  |                    |  |                              |  | Date                        |  |                    |  |
| DO NOT WRITE BELOW THIS LINE                                                                                                                        |  |                    |  |                              |  |                             |  |                    |  |
| Interviewed by                                                                                                                                      |  |                    |  |                              |  | Date                        |  |                    |  |
| Remarks                                                                                                                                             |  |                    |  |                              |  |                             |  |                    |  |
| Neatness                                                                                                                                            |  |                    |  | Ability                      |  |                             |  |                    |  |
| Salary/Wage                                                                                                                                         |  |                    |  | Date Reporting to Work       |  |                             |  |                    |  |
| Approved                                                                                                                                            |  |                    |  |                              |  |                             |  |                    |  |
|                                                                                                                                                     |  | Employment Manager |  | Department Head              |  | District Manager            |  |                    |  |