



APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE _____

NAME

Last First Middle SS#

ADDRESS

Street City State Zip

PHONE

Home Cell E-Mail

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

ARE YOU EMPLOYED NOW?

MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

REFERRED BY:

EDUCATION

NAME & LOCATION OF SCHOOL

DID YOU GRADUATE

SUBJECT STUDIED

HIGH SCHOOL

COLLEGE

GENERAL

SUBJECTS OF SPECIAL STUDY

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

(EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX AGE MARITAL STATUS, COLOR, OR NATIONAL OF its MEMBERS)

US MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

=====

FORMER EMPLOYERS (LIST LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT)

=====

DATE, MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	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 THIS JOB?

ARE YOU A LICENSED PHARMACY TECHNICIAN?

=====

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

=====

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY

NAME	ADDRESS	PHONE #

"I CERTIFY THAT ALL 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 IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG 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

POSITION: DATE REPORTING TO WORK: SALARY/WAGE:

PAST YEARS EXPERIENCE RECOGNIZED: VACATION AUTHORIZED: