

# APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION				DATE		
NAME				SOCIAL SECURITY NUMBER		
LAST	FIRST	MIDDLE				
PRESENT ADDRESS						
STREET		CITY		STATE ZIP		
PERMANENT ADDRESS						
STREET		CITY		STATE ZIP		
PHONE NO.		DRIVERS LICENSE NUMBER AND STATE:		ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/>						
EMPLOYMENT DESIRED						
POSITION			DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>			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?	SUBJECTS STUDIED
GRAMMAR SCHOOL						
HIGH SCHOOL						
COLLEGE						
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL						
GENERAL						
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK						
SPECIAL SKILLS						
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)						
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATE THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.						
U.S. MILITARY OR NAVAL SERVICE			RANK		PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.)				
DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				
WHICH OF THESE JOBS DID YOU LIKE BEST?				
WHAT DID YOU LIKE MOST ABOUT THIS JOB?				
REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.				
NAME	ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED
1				
2				
3				
IN CASE OF EMERGENCY NOTIFY				
	NAME	ADDRESS		PHONE NO.

**SEE NEXT PAGE**

To be considered for employment, please read the following statement. If you agree, please sign and date where indicated.

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. I HEREBY AUTHORIZE UNITED MECHANICAL TO OBTAIN ANY AND ALL BACKGROUND INFORMATION RELATED TO MY EMPLOYMENT. THIS INFORMATION WILL INCLUDE, BUT IS NOT LIMITED TO: CRIMINAL RECORDS, CREDIT HISTORY, EMPLOYMENT VERIFICATION, DRIVING RECORD, AND SOCIAL SECURITY NUMBER VERIFICATION. 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	BIRTHDAY
SS#	PRINTED NAME	DRIVER'S LICENSE #