



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

DATE ____/____/____

PERSONAL INFORMATION:

NAME: _____ SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____

HOME PHONE NO. (____) _____ CELL PHONE NO. (____) _____

ARE YOU 18 YEARS OR OLDER? YES NO

EMPLOYMENT DESIRED:

POSITION: _____ START DATE ____/____/____ SALARY DESIRED \$ _____

ARE YOU SEEKING: FULL-TIME PART-TIME TEMPORARY SUMMER EMPLOYMENT

EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHEN? _____

REFERRED BY: _____

EDUCATION HISTORY:

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL			YES []	
			NO []	
HIGH SCHOOL			YES []	
			NO []	
COLLEGE			YES []	
			NO []	
TRADE, BUSINESS OR CORRESPONDENCE			YES []	
			NO []	

LICENSES & CERTIFICATIONS: Do you hold any special licenses or certifications relevant to the position for which you are applying? _____

OTHER TRAINING: Have you completed any other training or classes relevant to the position for which you are applying? (Examples: On-the-job safety training, military training, customer service training, computer training, apprenticeships, repair or maintenance training, etc.) Be specific. _____

OTHER SKILLS: Do you have any other special skills or experiences that are relevant to the job for which you are applying? Be Specific. _____

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

DATE: MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	PHONE	SUPERVISER	RATE OF PAY
FROM: TO:				
REASON FOR LEAVING:				
FROM: TO:				
REASON FOR LEAVING:				
FROM: TO:				
REASON FOR LEAVING:				
FROM: TO:				
REASON FOR LEAVING:				

LAST

FIRST

MIDDLE

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO, Because (Please state reason)

WHICH PAST JOB DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES:

Please list four references who can provide us with information about your qualifications to perform the job for which you are applying. Business or job references are preferable.

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED
1				
2				
3				
4				

IN CASE OF AN EMERGENCY NOTIFY: _____
NAME ADDRESS PHONE

CERTIFICATION:

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that providing false, inaccurate, incomplete or misleading information will result in refusal of employment or termination of employment if discovered after date of hire. I acknowledge that Albeni Falls Building Supply will verify the accuracy and completeness of the information I have provided and I authorize all entities and individuals identified or discovered during Albeni Falls Building Supply's hiring process to provide information regarding my employment, education, character and qualifications. I release all entities and individuals who provide information in accordance with this release from all liability for any damages that may result from furnishing information to Albeni Falls Building Supply. I understand that if I am employed, I must conform to Albeni Falls Building Supplies rules, policies and procedures and that my employment is "at will," which means that Albeni Falls Building Supply or I may terminate my employment at any time for any reason.

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: ___/___/___

REMARKS: _____

NEATNESS: _____ CHARACTER: _____

PERSONALITY: _____ ABILITY: _____

Hired: YES NO POSITION: _____ DEPT: _____

DATE REPORTING FOR WORK: ___/___/___ SALARY/WAGE: _____

APPROVED BY: _____ POSITION: _____