

# APPLICATION FOR EMPLOYMENT

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

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SOC. SEC# \_\_\_\_\_

PHONE# \_\_\_\_\_ ARE YOU 18 YEARS OLD OR OLDER? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED BY \_\_\_\_\_

### EDUCATION

EDUCATION LEVEL	NAME OF SCHOOL	CITY	*NUMBER OF YEARS ATTENDED	*DID YOU GRADUATE	*SUBJECTS STUDIED
GRAMMAR					
HIGH SCHOOL					
COLLEGE					
TRADE / OTHER					

### EXPERIENCE

NAME AND ADDRESS OF FORMER EMPLOYER	DATE	DUTIES	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?\* YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DESCRIBE \_\_\_\_\_

YOU WILL NOT BE DENIED FOR EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO TAKE ONE OR MORE PHYSICAL EXAMINATIONS, LIE DETECTOR TEST(S) AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE TO CONSENT TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY THE COMPANY AND TO RELEASE THE COMPANY, ITS DIRECTORS, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TEST(S). YES \_\_\_\_\_ NO \_\_\_\_\_

\*THIS FORM HAS BEEN REVISED TO COMPLY WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULGATED BY THE EEDC ON JULY 26, 1991.

# MILITARY SERVICE RECORD

<b>BRANCH OF SERVICE</b> _____	<b>DISCHARGE DATE</b> _____	<b>RANK</b> _____
<b>PRESENT MEMBERSHIP IN THE NATIONAL GUARD</b> _____	<b>DATE OBLIGATION ENDS</b> _____	

## REFERENCES

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

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

## GENERAL

WHAT SPECIAL QUALIFICATIONS DO YOU HAVE? \_\_\_\_\_

WHAT MACHINES CAN YOU OPERATE? \_\_\_\_\_

SPECIAL SKILLS? \_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_

EXCLUDE ORGANIZATIONS, THE NAMES OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, COLOR OR NATION OF IT'S MEMBERS.

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY \_\_\_\_\_

NAME

ADDRESS

PHONE #

"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 INVESTIGATIONS 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, 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 PRIOR NOTICE AND WITHOUT CAUSE."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

HIRED: YES \_\_\_\_\_ NO \_\_\_\_\_ POSITION \_\_\_\_\_ DEPT \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

# EMPLOYMENT INQUIRY RELEASE

This document authorizes Polsinello Fuels, Inc. to make investigative background inquiries in connection with my possible employment with Polsinello Fuels, Inc. I understand that these background inquiries will include, but will not be limited to, consumer, criminal, driving and other reports, and will include information regarding my character, work habits, performance and experience, including reasons for termination of past employment. I understand further, that Polsinello Fuels, Inc. may be requesting information from various federal, state and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

Your Name (please print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_