



driveyourpassion.com

Store Location: _____

LICENSED STORE APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PRE-EMPLOYMENT QUESTIONNAIRE

PERSONAL INFORMATION:

DATE _____

NAME: _____ SOC. SEC. NUMBER: _____
 First Middle Last

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _ (____) _____ ARE YOU 18 YEARS OR OLDER? Yes ___ No ___

ARE YOU Either a U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes ___ No ___

EMPLOYMENT INFORMATION:

POSITION: _____ DATE YOU CAN START: _____ WAGE DESIRED: _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

HAVE YOU APPLIED TO THIS COMPANY BEFORE? _____ IF SO, WHEN? _____ LOCATION: _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS CORRESPONDENCE SCHOOL				

GENERAL:

SUBJECTS OF SPECIAL INTEREST, OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.) _____

Exclude organizations containing names that indicate race, creed, sex, age, marital status, color, or nation of origin of its members.

U.S. MILITARY /NAVAL SERVICE? _____ RANK: _____ CURRENTLY IN NATIONAL GUARD/ RESERVES? _____

THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1987 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 YEARS OF AGE.

EMPLOYERS: LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	WAGE	POSITION	REASON FOR LEAVING
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				

WHICH OF THESE JOBS DID YOU LIKE THE MOST? _____
 WHAT DID YOU LIKE THE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAMES OF THREE PEOPLE, NOT RELATED TO YOU,
 WHO HAVE KNOWN YOU FOR AT LEAST THREE YEARS.

NAME	ADDRESS	BUSINESS	YEARS AC- QUAINTED

OTHER INFORMATION:

DRIVER'S LICENSE: _____ EXPIRATION YEAR: _____

TICKETS WITHIN THE PAST THREE YEARS: _____

AS A CONDITION OF EMPLOYMENT, DO YOU

AGREE TO RANDOM DRUG SCREENING? YES NO

ARE YOU WILL TO TAKE RESPONSIBILITY AND PAY

FOR ANY DAMAGE YOU MAY DO TO A VEHICLE? YES NO

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 INVESTIGATION 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.

SIGNATURE: _____ DATE: _____

A P P L I C A N T : D O N O T W R I T E B E L O W T H I S L I N E

INTERVIEWED BY: _____ DATE: _____ LOCATION: _____

NEATNESS ABILITY FOR LOCATION POSITION

SALARY/WAGE START DATE

REMARKS: _____