

Fantastic Sams[®]

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE • AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

				DATE
				SOCIAL SECURITY NUMBER
NAME				
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
		STREET	CITY	STATE
		ZIP		
PRESENT ADDRESS				
		STREET	CITY	STATE
		ZIP		
PHONE NUMBER		ARE YOU 18 YEARS OF AGE OR OLDER?		Yes <input type="checkbox"/> No <input type="checkbox"/>
ARE YOU EITHER A US CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?				Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED?		IF SO, MAY WE INQUIRE OF YOUR CURRENT EMPLOYER?
HAVE YOU APPLIED TO THIS COMPANY BEFORE?		WHERE? WHEN?
REFERRED BY		

EDUCATION	NAME & 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 INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.)

US MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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*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.

LAST

FIRST

MIDDLE

FORMER EMPLOYERS (LIST BELOW 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?

REFERENCES LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME (FIRST & LAST)	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY
PLEASE NOTIFY:

NAME

ADDRESS

PHONE NUMBER

"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.

DATE _____ SIGNATURE _____

PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS _____

NEATNESS _____ ABILITY _____

HIRED Yes No POSITION _____ DEPT. _____

APPROVED 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER