



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

LAST NAME		FIRST NAME		MIDDLE INT.
PRESENT ADDRESS	CITY	STATE	ZIP CODE	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER		CELL PHONE NUMBER		
REFERRED BY		DO YOU HAVE A CA FOOD HANDLER CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES PLEASE EXPLAIN		
ARE YOU 21 YEARS OF AGE OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO		HOURS PER WEEK DESIRED		

EMPLOYMENT DESIRED

POSITION (BE SPECIFIC PLEASE)	DATE YOU CAN START	SALARY DESIRED
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AVAILABILITY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	BUSINESS NAME/MANAGER NAME/ PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING /SKILLS
DO YOU HAVE A CLEAN DRIVING RECORD(This includes ANY tickets)?

AUTHORIZATION

“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 ONTHIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.”

DATE _____

*** ANY APPLICATIONS NOT FILLED OUT COMPLETELY & NEATLY WILL BE DISCARDED***

SIGNATURE _____