



# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

DATE \_\_\_\_\_

## PERSONAL INFORMATION

NAME		SOCIAL SECURITY #	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
HOME PHONE #	CELL PHONE #	REFERRED BY	CURRENT CUSTOMER? YES NO FORMER

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED YES NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	
EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED/MAJOR
HIGH SCHOOL			
COLLEGE			
OTHER			

## GENERAL INFORMATION SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS


## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS STARTING WITH MOST RECENT LISTED FIRST)

DATE MONTH/YEAR	NAME, ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS & PHONE	BUSINESS	YEARS KNOWN

**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 on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

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

**PRESCREEN QUESTIONNAIRE**

1. How many hours do you need to work to meet your financial responsibilities? \_\_\_\_\_
2. Do you plan to work here in the summertime or do you need the summer off?  work  off
3. Hours available to work (please provide copy of actual school schedule)?

M	T	W	Th	F	Sat	Sun

4. Length of employment needed?  less than 1 year  1 - 2 years  2 years or more  seasonal
5. Are you in any extra activities/organizations at school?  no  yes (please explain)

6. Why are you looking for a job? \_\_\_\_\_

7. Why are you applying at SuperTAN? \_\_\_\_\_

8. How long do you plan on being in Lubbock? \_\_\_\_\_

9. When do you graduate from school (if applicable)? \_\_\_\_\_

10. Why have you not worked in the last 6-12 months (if applicable)? \_\_\_\_\_