

APPLICATION for EMPLOYMENT

Pre-Employment Questionnaire - Equal Opportunity Employer - At-Will Employment

PERSONAL INFORMATION

Date: _____

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Are you 18 years or older? Yes No Referred by: _____

Employer Use Only

EMPLOYMENT DESIRED

- Cedarlane RV Park Crosswinds Restaurant
 Island Adventures The Lube Connection

Position: _____ Starting Date: _____ Starting Pay: \$ _____

Have you applied with the above businesses before? No Yes: _____

Are you legally authorized to work in the US? Yes No Are you employed? Yes No

Where? _____ Position: _____ May we contact your employer? Yes No

Last Name:

EDUCATION HISTORY

Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School			
College			
Trade/Correspondence			

First Name:

WORK HISTORY

(List below your last 4 employers, starting with last/current one first)

Date	Name & Phone # of Employer	Position	Pay	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

Middle Name:

REFERENCES

(List below 4 persons, not related to you, whom you have known at least 5 years)

First and Last Name	How do you know them?	Years Acquainted	Phone #

Date Hired:

Additional Information: _____

Continued on other side →

APPLICANT

(Signature required to enter the hiring process)

"I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may be grounds for immediate termination. I authorize investigation of all statements contained herein and the references listed above to give you and all information concerning my previous or current 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 at-will for no definite period and may, regardless of the date of payment of wages, be terminated at any time without prior notice and without cause."

Date: _____

Signature: _____

EMERGENCY CONTACT

Full Name: _____ Relation: _____ Phone #: _____

EMPLOYER USE ONLY

Comments: _____

Employers/Ref. Called	Date	Would they re-hire/refer?	Comments

Interviewer Name: _____ Date: _____ Rated: _____ /10

Hired: Yes No Position: _____ Start Date: _____ Start Pay: \$ _____

Employment Forms: Tax Forms Inventory Safety Guide Employment Manual
 Training Manual Training Tests Driver Packet Insurance Approval

Notes: _____

Pratorary Period Start Date: _____ End Date: _____
