

Application for Employment Pre-Employment Questionnaire, Equal Opportunity Employer

Personal Information

| | | | |
|--------------------|---------------------|------------------------|-------------------|
| NAME (LAST, FIRST) | | SOCIAL SECURITY NUMBER | |
| PRESENT ADDRESS | CITY Latrobe | STATE PA | ZIP CODE 15650 |
| PERMANENT ADDRESS | CITY | STATE | ZIP CODE |
| PHONE NUMBER | SECONDARY PHONE NO. | | |

Employment Desired

| | | |
|--|---|--|
| POSITION Sales Associate | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE? | WHEN? |
| EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE? | WHEN? |
| REASON FOR LEAVING: | | |
| HOW DID YOU FIND OUT ABOUT THIS POSITION? <input checked="" type="checkbox"/> ON-LINE <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE <input type="checkbox"/> SIGN | | |

Education History

| | NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | MAJOR/DEGREE |
|--|-----------------------------|----------------|-------------------|--------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, CORRESPONDENCE SCHOOL, OR GRADUATE SCHOOL | | | | |

General Information

| |
|--|
| SUBJECT OF SPECIAL STUDY /RESEARCH WORK |
| |
| SPECIAL TRAINING, CERTIFICATES, LICENSES |
| |
| SPECIAL SKILLS, FOREIGN LANGUAGES, ETC. |
| |

Military Service Record

| | |
|--|-------------------|
| HAVE YOU EVER SERVED IN THE US ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO | BRANCH OF SERVICE |
| DISCHARGE DATE | RANK |

Former Employers (LIST BELOW LAST 3 EMPLOYERS STARTING WITH THE MOST RECENT)

| | | | |
|----------------------------------|-------------------|---|-----|
| NAME OF PRESENT OR LAST EMPLOYER | | | |
| ADDRESS | CITY | STATE | ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| HOURLY STARTING RATE | HOURLY FINAL RATE | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| NAME OF SUPERVISOR | TITLE | PHONE | |
| DESCRIPTION OF WORK | | | |
| | | | |
| REASON FOR LEAVING | | | |

| | | | |
|---------------------------|-------------------|---|-----|
| NAME OF PREVIOUS EMPLOYER | | | |
| ADDRESS | CITY | STATE | ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| HOURLY STARTING RATE | HOURLY FINAL RATE | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| NAME OF SUPERVISOR | TITLE | PHONE | |
| DESCRIPTION OF WORK | | | |
| | | | |
| REASON FOR LEAVING | | | |

| | | | |
|---------------------------|-------------------|---|-----|
| NAME OF PREVIOUS EMPLOYER | | | |
| ADDRESS | CITY | STATE | ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| HOURLY STARTING RATE | HOURLY FINAL RATE | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| NAME OF SUPERVISOR | TITLE | PHONE | |
| DESCRIPTION OF WORK | | | |
| | | | |

REASON FOR LEAVING

References (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT

| NAME | ADDRESS | BUSINESS | PHONE |
|------|---------|----------|-------|
| | | | |
| | | | |
| | | | |

Have you ever been convicted of a felony or misdemeanor? YES NO Describe: _____

Do you have any physical limitations? If so describe: _____

Were you ever seriously injured? If so describe: _____

How Many hours are you available to work per week? any _____

Availability:

| Monday Store hours are 10a-9pm, please write the times you are available, or N/A if you are not available that day | Tuesday Store hours are 10a-9pm, please write the times you are available, or N/A if you are not available that day | Wednesday Store hours are 10a-9pm, please write the times you are available, or N/A if you are not available that day | Thursday Store hours are 10a-9pm, please write the times you are available, or N/A if you are not available that day | Friday Store hours are 10a-9pm, please write the times you are available, or N/A if you are not available that day | Saturday Store hours are 10a-9pm, please write the times you are available, or N/A if you are not available that day | Sunday Store hours are 12pm - 5pm, please write the times you are available, or N/A if you are not available that day |
|--|---|---|--|--|--|---|
| | | | | | | |

Why would you like to work at Kid's Kingdom? _____
