

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire An Equal Opportunity Employer

Near Shopko South • Oakwood Mall • S. Hastings Way
Eau Claire

Kmart Plaza • East Hill Industrial Park
Chippewa Falls



LAST

PERSONAL INFORMATION

DATE

SOCIAL SECURITY
NUMBER

NAME

Last (Maiden Name) First Middle

PRESENT ADDRESS

Street City State Zip

PERMANENT ADDRESS

Street City State Zip

PHONE NO.

ARE YOU 18 YEARS OR OLDER? Yes No

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

FIRST

EMPLOYMENT DESIRED

POSITION

Date You Can Start Wage Desired

ARE YOU EMPLOYED NOW?

If so, may we inquire of your present employer?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE? WHEN?

HAVE YOU EVER CONVICTED OF A FELONY? Yes No

If yes, list dates:

HAVE YOU EVER WORKED FOR A SIMILAR COMPANY BEFORE? Yes No

If yes, list duties, responsibilities and any special training you may have received:

MIDDLE

EDUCATION	Name & Location of School	*Number of Years Attended	*Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Is there anything else that we should know about your education, or past training?

(continued on other side)

GENERAL INFORMATION

Subjects of Special Study or Research Work

U.S. Military or Naval Service

Rank

Present Membership in National Guard or Reserves

FORMER EMPLOYERS (List Below Last Three Employers, Starting With Last One First.)

Date Month & Year	Name and Address of Employer	Salary or Wage	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				

REFERENCES: (Give the names of three persons not related to you, whom you have known at least one year.)

Name	Address	Business	Years Known
1.			
2.			
3.			

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No
If Yes, what can be done to accommodate your limitation? _____

Please Describe: _____

In Case of Emergency Notify

Name

Address

Phone No.

"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 personal or otherwise, and release all parties from a ll 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."

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Hired: Yes No Position _____ Store _____

Salary / Wage _____ Date Reporting To Work _____

Approved: 1. _____ 2. _____ 3. _____
Store Manager Operations Manager