## Application For Employment PRE-EMPLOYMENT QUESTIONNAIRE/EQUAL OPPORTUNITY EMPLOYER



PERSONAL INFOR	RMATION	D.	ATE: _	/	/		
NAME (LAST NAME FIRST)	)				DATE O	F BIRTH	
PRESENT ADDRESS			CITY		<u> </u>	STATE	ZIP CODE
PERMANENT ADDRESS CITY			CITY			STATE	ZIP CODE
PHONE NO. REFERRED			RED BY			EMAIL	
EMPLOYMENT DE	SIRED						
POSITION			DAT	E YOU CAN ST	TART	SALARY D	DESIRED
ARE YOU		IF SO	). MAY V	VE INQUIRE			
EMPLOYED? □ YES □	NO			ESENT EMPLO	YER?	YES □ NO	
EVER APPLIED TO	-VEC -NO			WHERE?			WHEN?
THIS COMPANY BEFORE?	□ YES □ NO						
<b>EDUCATION HISTO</b>	ORY						
NAME & LOCATION OF SCHOOL				YEARS ATT	ENDED	DID YOU	SUBJECTS STUDIED
	1					GRADUATE?	
GRAMMAR SCHOOL							
HIGH SCHOOL							
COLLEGE							
TRADE, BUSINESS OR OTHER SCHOOL							
					ı		
GENERAL INFORM	<b>MATION</b>						
SPECIAL TRAITS/ SKILLS							
U.S. MILITARY OR				RANK			
NAVAL SERVICE							
FORMER EMPLOY	Z <b>ERS</b> (LIST YOUR	LAST FOU	JR EMPL	OYERS, START	ING WITH	LAST ONE FIRST)	
DATE MONTH AND YEAR		ADDRESS,			ARY	POSITION	REASON FOR LEAVING
33212 <b>3313</b> 324 <b>1</b>							
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## REFERENCES Give below the names of three persons not related to you, whom you have known at least one year

NAME	ADDRESS & CONTACT NUMBER	BUSINESS/RELATIONSHIP	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 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				
		DO NOT WRIT	E BELOW	THIS LINE	
NTERVIEWED BY			DATI	Ε	
REMARKS					
NEATNESS		CHARACTER			
PERSONALITY			ABILITY		
HIRED	FOR DEPT.	POSITION	•	WILL REPORT	SALARY WAGES
APPROVED 1.	OYMENT MANGAGE	2	DEPARTMENT	3	GENERAL MANAGER

GENERAL	
1). WHAT DO YOU FEEL IS THE MOST DIFFICULT PART OF CUSTOMER SERVICE? WHY?	
2). ARE YOU LEGALLY ELEGIBLE FOR EMPLOYMENT IN THE UNITED STATES?	_
3). ARE YOU AVAILABLE TO WORK OVERTIME IF REQUIRED?	_
4). ARE YOU AVAILABLE TO WORK WEEKENDS IF REQUIRED?	_
5). DO YOU HAVE A SOUTH CAROLINA DRIVERS LICENSE? (CAN YOU LEGALLY DRIVE)?	_
WORK ATTITUDE	
1). HOW WOULD YOU RATE YOUR WORK ATTITUDE?	
2). WHAT WAS YOUR LEAST FAVORITE JOB? WHY?	_
3). WHAT WAS THE BEST JOB YOU'VE EVER HAD? WHY?	_
ΓΕΑΜ ATTITUDE	
1). DO YOU WORK WELL WITH OTHERS OR DO YOU PREFER TO WORK ALONE?	
2). WHAT TRAITS OR CHARACTERISTICS DO YOU ADMIRE IN CO-WORKERS?	
3). WHAT TRAITS OR CHARACTERISTICS DO YOU DISLIKE IN CO-WORKERS?	
GOALS	
1). WHERE DO YOU WANT TO BE IN 5 YEARS?	
2). LIST 1 OF YOUR PERSONAL GOALS?	
3). HOW DO YOU PLAN TO ACCOMPLISH YOUR GOALS?	
SIGNATURE: DATE: PGG	3 OF

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WHAT DO YOU FEEL ARE YOUR GREATEST STRENGTHS?
WHAT IS THE BEST CONSTRUCTIVE CRITICISM YOU'VE RECEIVED?
DESCRDIBE THE ACCOMPLISHMENT YOU ARE MOST PROUD OF?
WHAT CAUSES YOU TO LOSE YOUR TEMPER?
HOW WOULD YOUR FRIENDS DESCRIBE YOU?
WHAT TYPE OF SUPERVISION BRINGS OUT THE BEST IN YOU?
WHAT MAKES YOU STAND OUT IN FRONT OF YOUR PEERS?
BASED ON YOUR EXPERIENCE, WHAT ARE TWO THINGS THAT MOTIVATED YOU TO DO GOOD WORK?
PLEASE GIVE AN EXAMPLE OF WHERE YOU MADE THE MOST OF YOUR SPARE TIME?
HOW DO YOU KEEP YOURSELF ORGANIZED AT WORK?

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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