

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire



PAINT & DECORATING CENTER

AN EQUAL OPPORTUNITY EMPLOYER

Personal Information:

Name (Last name first)		Email Address	
Address		City	State
Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone No.	

Desired Employment:

Position:	Date you can start:	Salary Desired:
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References:

Are you acquainted with or related to anyone employed by this company? (f so, give their name and the relationship)

Please give the names of three persons you are not related to, whom you have known for at least one year:

Name:	Address:	Business they are in:	Years Acquainted:
Name:	Address:	Business they are in:	Years Acquainted:
Name:	Address:	Business they are in:	Years Acquainted:

Education:

Name of High School Attended:	City and state where school is located:	Did you graduate?
Name of College Attended:	City and state where school is located:	Did you graduate, if not how many years did you attend?
Any other special training, classes, etc.:		

Former Employers:

Name of present or last employer:			
Address:	City:	State:	Zip:
Starting Date:	Leaving Date:	Job Title:	
Weekly Starting Salary:	Weekly Final Salary:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of supervisor:		Supervisor's Job Title:	
Describe the work you performed in this position:			
What was your reason for leaving this position?			

Name of previous employer:			
Address:	City:	State:	Zip:
Starting Date:	Leaving Date:	Job Title:	
Weekly Starting Salary:	Weekly Final Salary:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of supervisor:		Supervisor's Job Title:	
Describe the work you performed in this position:			
What was your reason for leaving this position?			

Name of previous employer:			
Address:	City:	State:	Zip:
Starting Date:	Leaving Date:	Job Title:	
Weekly Starting Salary:	Weekly Final Salary:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of supervisor:		Supervisor's Job Title:	
Describe the work you performed in this position:			
What was your reason for leaving this position?			

Please fill in required information on the back → → →

Do you have a valid driver's license?	Issued by what state?
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Have you been convicted of a felony in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain (will not necessarily exclude you from consideration)		

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 officer of the company."

Signature:

Date:



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