



PO BOX 1326
232 N. IDA ST.
COATS, NC 27521

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE: ____ / ____ / ____

LAST NAME: _____ FIRST: _____ MIDDLE: _____

STREET ADDRESS: _____ CITY, STATE: _____ ZIP: _____

PERMANENT ADDRESS: _____

PHONE NUMBER: (____) ____ - ____ ARE YOU 18 YEARS OR OLDER? YES NO

(____) ____ - ____ ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO

POSITION: _____ START DATE: _____ DESIRED SALARY: _____

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE CONTACT PRESENT EMPLOYER? YES NO

HAVE YOU **APPLIED** AT THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN? _____

HAVE YOU **WORKED** AT THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN? _____

HOW DID YOU FIND OUT ABOUT US? _____ WHO REFERRED YOU TO US? _____

EDUCATION	SCHOOL NAME	LOCATION	GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, OTHER...				

SPECIAL SKILLS, TRAINING, ETC: _____

EXTRACURRICULAR ACTIVITIES: _____

DO YOU HAVE U.S. MILITARY OR ARMED SERVICES EXPERIENCE? YES NO Explain: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO Explain: _____

IN CASE OF EMERGENCY NOTIFY: _____

Put your LAST or CURRENT employer in the box BELOW, TURN THE PAGE then list your other jobs going backward in time

DATE	COMPANY NAME CITY /STATE	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				

TURN PAGE OVER AND CONTINUE WITH YOUR JOB HISTORY

DATE	COMPANY NAME CITY /STATE	SALARY	POSITION	REASON FOR LEAVING
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FROM				
TO				

FROM				
TO				

FROM				
TO				

FROM				
TO				

REFERENCES: GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU THAT YOU HAVE KNOWN FOR AT LEAST 1 YEAR.

TIME KNOWN	NAME	PHONE NUMBER	THEIR BUSINESS OR OCCUPATION
FROM			
TO			
FROM			
TO			
FROM			
TO			

I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE OR NOTICE AT ANY TIME AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE OR NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS AN AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE: _____ SIGNATURE: _____

OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

HIRED: YES NO POSITION: _____ DEPT: _____