

A.M. Haire

MFG & SERVICE
CORPORATION
AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Present address _____
Street City State Zip

Phone number (____) _____ Social Security Number _____

Relatives employed by A.M. Haire? _____ Referred By(If Applicable) _____

Are you a US citizen or can provide documentation authorizing you to work in the US? Yes [] No [] How did you hear of us? _____

Are you 18 years or older? Yes [] No [] Birthdate _____ Married _____ Single _____

Have you ever been convicted of a Felony? Yes [] No [] If yes please describe in details _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date and nature of the offense, including any significant details that affect the description of the event, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered)

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are you currently employed? _____ if so may we contact your employer? _____

Have you ever applied to this company before? _____ Where? _____ When? _____

PREVIOUS EMPLOYERS (LIST YOUR LAST THREE EMPLOYERS BEGINNING WITH MOST RECENT)

Employer Name & Address	Phone Number	Your Position & Duties	Dates of Employment	Salary
Supervisor's Name		Reason for Leaving		
Employer Name & Address	Phone Number	Your Position & Duties	Dates of Employment	Salary
Supervisor's Name		Reason for Leaving		
Employer Name & Address	Phone Number	Your Position & Duties	Dates of Employment	Salary
Supervisor's Name		Reason for Leaving		

EDUCATION

	<u>Name & location</u>	<u>Date You Graduated</u>	<u>Course Of Study</u>
High School	_____	_____	_____
College	_____	_____	_____
Trade/ Business School	_____	_____	_____
Subjects of Special Study or Research Work _____			
U.S. Military or Naval Service _____		Rank _____	When _____
Present Membership in National Guard or Reserves _____			

PERSONAL REFERENCES

<u>Name</u>	<u>Address</u>	<u>Phone #</u>
<u>Name</u>	<u>Address</u>	<u>Phone #</u>
<u>Name</u>	<u>Address</u>	<u>Phone #</u>

PHYSICAL RECORD

Do you have any physical limitations that prevent you from performing any work for which you are being considered Yes [] No []

If yes what can be done to accommodate your limitation? _____

EMERGENCY CONTACT

<u>Name</u>	<u>Relation</u>	<u>Phone #</u>

**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 INVESTIGATIONS 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 ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINATE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE**

SIGNATURE _____ **DATE** _____

PERSONNEL USE ONLY

DATE INTERVIEWED _____	BY _____
HIRED YES <input type="checkbox"/> NO <input type="checkbox"/> POSITION _____	DEPT _____ SALARY _____
DATE REPORTING TO WORK _____	DATE OF HIRE _____ EMPLOYEE # _____
APPROVED 1. _____	2. _____ 3. _____