



Employee Application

Pre-Employment Questionnaire Equal Opportunity Employer

Personal Information

DATE _____

Name (Last Name First)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number		Referred By	

Employment Desired

Position	Date You Can Start	Salary Desired
Are You Employed?	If So, May We Inquire of Your Present Employer?	
Ever Applied to This Company Before?	Where?	When?

Education History

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

General Information

Subjects of Special Study/Research Work or Special Training/Skills	
U.S. Military or Naval Service	Rank

Former Employers (List Below The Last Four Employers Starting With The Last One First)

Date (Month/Year)	Name & Address of Employer	Salary	Position	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

References (Give Below The Names of Three People Not Related to You, Whom You Have Known at Least One Year.)

Name	Address	Business	Occupation

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 authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature: _____**Date:** _____**Name (print):** _____**Address:** _____

Social Security Number: _____

Job Application Addendum

Applicant warrants to Michael's Keys Inc., that: Applicant has not had automobile accidents during the preceding _____ years, except _____

_____ (describe date of each accident, the location for each such accident, and the people issued any citations by any law enforcement agencies), that Applicant has never had his/her driver's license suspended except _____

_____ (describe the date for each license suspension and the term of such license suspension), and Applicant has never been arrested or convicted of any crime other than a Class C misdemeanor except _____

any offenses in which you were arrested or convicted during the previous ten (10) year period.

Signature: _____ **Date:** _____

Name (print): _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ **DATE:** _____

Remarks

Neatness		Character		
Personality		Ability		
Hired	For Dept.	Position	Will Report	Salary Wages

Approved: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER
DEPARTMENT HEAD
GENERAL MANAGER