

CHAR PIT: Application for Employment

Pre-Employment Questionnaire / An Equal Opportunity Employer (applications should be complete and returned in person between the hours of 3:00PM and 4:00PM M-F)

NAME:	SSN:
Are You 18 years of age or older	SSN: if under 18 a work permit must be provided
MAILING ADDRESS:	
PHYSICAL ADDRESS:	
TELEPHONE:	ALT OR PGR
POSITION YOU ARE APPLYING FO	OR:
DESCRIBE YOUR QUALIFICATION	NS / PREVIOUS EXPERIENCE WITH THIS TYPE OF WORK?
DATE YOU CAN BEGIN WORK	SALARY DESIRED_
ARE YOU CURRENTLY EMPLOYER	D?IF YES WHERE TELEPHONE NUMBER BEFORE? IF YES WHEN
NAME OF CURRENT SUPERVISOR	TELEPHONE NUMBER
HAVE YOU EVER WORKED HERE	BEFORE? IF YES WHEN
LIST YOUR HIGHEST LEVEL OF EI WHERE	DUCATION COMPLETED:
LIST ANY TRADE OR VOCATIONA	AL SCHOOLS
LIST ANY SPECIAL TRAINING OR	CERTIFICATES HELD
	MPLOYERS BEGIN WITH MOST RECENT
COMPANY NAME	SUPERVISOR
TELEPHONE NUMBER	POSITION HELD
START DATETERI	SUPERVISORPOSITION HELD MINATION DATEFINAL RATE OF PAY
REASON FOR LEAVING	
DESCRIPTION OF RESPONSIBILITI	IES
COMPANY NAME	SUPERVISORPOSITION HELDMINATION DATEFINAL RATE OF PAY
TELEPHONE NUMBER	POSITION HELD
START DATETERM	MINATION DATEFINAL RATE OF PAY
REASON FOR LEAVING_	
DESCRIPTION OF RESPONSIBILITI	IES
PERSONALREFERENCES: NA	
NA	MEPH

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 the 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.

DATE SIGNATURE