

APPLICATION FOR EMPLOYMENT & PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST, FIRST, MIDDLE)			
PRESENT ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS	CITY	STATE	ZIP
PHONE NO.	CELLULAR NO.	REFERRED BY	

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	IF YES, WHERE?	IF YES, WHEN?

EDUCATION

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & TELEPHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	YEARS KNOWN

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOUR ARE BEING CONSIDERED? Yes No

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

CRIMINAL RECORD:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

IF YES, PLEASE EXPLAIN _____

EMERGENCY CONTACT

NAME	PHONE	RELATIONSHIP

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.

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

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.

I AUTHORIZE OLSEN'S GRAIN INC. TO DEDUCT MONIES FROM MY PAYROLL CHECK FOR ANY MERCHANDISE NOT PAID FOR AND FOR DAMAGES TO PROPERTY OTHER THAN MY OWN CAUSED BY MY NEGLIGENCE. _____ **INITIAL**

I UNDERSTAND THAT OLSEN'S GRAIN INC. SUBJECTS ALL NEW HIRE EMPLOYEES TO A PRE-EMPLOYMENT DRUG TEST AND ALL CURRENT EMPLOYEES TO RANDOM DRUG TESTS AND I WILL BE AUTOMATICALLY TERMINATED IF I REFUSE THE TEST OR HAVE A TEST SHOW POSITIVE FOR ANY ILLEGAL SUBSTANCE. _____ **INITIAL**

DATE _____ SIGNATURE _____