



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS:	STREET	CITY	STATE ZIP CODE
TELEPHONE NUMBER(S)		REFERRED BY:	

EMPLOYMENT DESIRED

POSITION APPLYING FOR:	DATE YOU CAN START WORK:	SALARY DESIRED:
PRESENTLY EMPLOYED BY ?	IF EMPLOYED, MAY WE INQUIRE OF YOUR EMPLOYER ?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU APPLIED WITH CLS PREVIOUSLY?	IF SO, WHERE?	WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO		

FORMER EMPLOYERS

[LIST BELOW LAST FOUR EMPLOYERS, BEGINNING WITH MOST RECENT]

NAME AND ADDRESS OF MOST RECENT EMPLOYER:	BEGINNING & ENDING DATES:	SALARY:	POSITION:
	REASON FOR LEAVING THIS EMPLOYMENT:		
NAME AND ADDRESS OF PREVIOUS EMPLOYER:	BEGINNING & ENDING DATES:	SALARY:	POSITION:
	REASON FOR LEAVING THIS EMPLOYMENT:		
NAME AND ADDRESS OF MOST RECENT EMPLOYER:	BEGINNING & ENDING DATES:	SALARY:	POSITION:
	REASON FOR LEAVING THIS EMPLOYMENT:		
NAME AND ADDRESS OF PREVIOUS EMPLOYER:	BEGINNING & ENDING DATES:	SALARY:	POSITION:
	REASON FOR LEAVING THIS EMPLOYMENT:		



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EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	MAJOR COURSES OF STUDY
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, CORRESPONDENCE SCHOOL			

PERSONAL REFERENCES: PLEASE LIST BELOW INFORMATION ON 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME AND ADDRESS:	YEARS KNOWN	BUSINESS:
NAME AND ADDRESS:	YEARS KNOWN	BUSINESS:
NAME AND ADDRESS:	YEARS KNOWN	BUSINESS:

IDEALLY, HOW MANY HOURS PER WEEK WOULD YOU PREFER TO WORK? _____

WHAT HOURS ARE YOU AVAILABLE TO WORK? WEEK DAYS _____ WEEK NIGHTS _____

WEEKEND DAYS _____ WEEKEND NIGHTS _____

WORKING AT CUSTARD'S LAST STAND LOOKS LIKE A LOT OF FUN FROM THE OUTSIDE, BUT IT IS HARD WORK.

IN JUST A FEW SENTENCES, PLEASE RELATE WHY YOU WOULD WANT TO JOIN THE CUSTARD'S LAST STAND TEAM.

AUTHORIZATION: I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I DO UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE DISMISSAL. FURTHER, I AUTHORIZE INVESTIGATION OF ALL STATEMENTS MADE HEREIN, AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING ANY OF MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND I DO RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO AN 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 ANY DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND/OR ANY OTHER RELEVANT FEDERAL AND STATE LAWS.

DATE SIGNED

SIGNATURE OF APPLICANT

DATE OF INTERVIEW

INTERVIEWED BY