

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information			Date _				
Name				So	ocial Security Number		
Last	First	MI					
Present Address	City	1711	State	ate Zip Code			
Permanent Address	City		State	Zi	p Code		
Home Phone Number	Cell Phone Number	Cell Phone Number			Email Address		
Referred By							
Position Applying For			Date you (Can Start			
Are you currently employed?	If so, may w your preser	If so, may we inquire of your present employer?					
Ever applied to this company before?	Where?	When?					
Education							
Name and Locat	tion of School	Years Attende	Years Attended Did you Gra		Subject(s) Studied		
Elementary School							
High School							
College							
Other							
General							
Subjects of Special Study/Researd or Special Training/Skills	ch Work						

Rank

U.S. Military

or Naval Service

Former Employers
List below last four employers, starting with the most recent first

Interviewed By _____

		_									
Date	Name	and Address of Employer		Position	Reason F	or Leaving					
Month and Year		. ,				Ü					
From											
То											
From											
То											
From											
То											
From	<u> </u>										
То											
References Write the names below of three persons not related to you, whom you have known at least one year.											
Name		Address	Bus	iness/contact phone and e-	mail	Years Known					
				•							
		L	1								
		n applying for work with the Chi Group as an employee. Please									
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 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.	-								
		ee that no representative of the compa									
specified period of time, o representative."	i to make i	any agreement contrary to the foregoi	ng, uni	zoo it io in writing and signed by an	authorized C	ompany					
Signature				Date							

Date_____