

# EMPLOYMENT APPLICATION

## PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

Please print. This application may be used as a permanent record if you are selected.

NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER	
RESIDENT ADDRESS	APT. NO.	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE		ALTERNATE PHONE	

### DESIRED EMPLOYMENT

POSITION APPLYING FOR	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
HAVE YOU EVER WORKED AT THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	POSITION HELD AND WHEN?
REASON FOR LEAVING		
THROUGH WHAT MEDIUM DID YOU HEAR OF THIS OPPORTUNITY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> PLACEMENT SERVICE <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER		
DO YOU HAVE A RELATIVE OR FRIEND AFFILIATED WITH THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, EXPLAIN		

### EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE? DEGREE EARNED?	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

### GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

# APPLICATION FOR EMPLOYMENT

## FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE & ZIP	PHONE NUMBER
STARTING DATE	ENDING DATE	JOB TITLE	
MONTHLY EARNINGS – START	MONTHLY EARNINGS-FINAL	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE & ZIP	PHONE NUMBER
STARTING DATE	ENDING DATE	JOB TITLE	
MONTHLY EARNINGS – START	MONTHLY EARNINGS-FINAL	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE & ZIP	PHONE NUMBER
STARTING DATE	ENDING DATE	JOB TITLE	
MONTHLY EARNINGS – START	MONTHLY EARNINGS-FINAL	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

## REFERENCES

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

	NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

## MILITARY SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK
LIST ANY SKILLS OR TRAINING THAT MAY BE BENEFICIAL TO THE POSITION APPLYING FOR:	

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?  YES  NO

IF YES, YOU ARE NOT ELIGIBLE TO BE A STATEWIDE EMPLOYEE. IT IS STATEWIDE'S POLICY NOT TO HIRE ANYONE WITH A FELONY CONVICTION. THERE ARE NO EXCEPTIONS TO THIS POLICY. ALL CANDIDATES HIRED FOR A POSITION WITH STATEWIDE WILL BE ASKED TO SUBMIT TO A BACKGROUND CHECK WHEREBY THE CRIMINAL HISTORY OF THE EMPLOYEE (IF ANY) WILL BE ASCERTAINED.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF I AM SELECTED; FALSIFIED STATEMENTS WITHIN THIS APPLICATION ARE GROUNDS FOR DISMISSAL.

EXCEPT AS OTHERWISE NOTED, I AUTHORIZE STATEWIDE INC TO MAKE CONTACT WITH MY FORMER EMPLOYER(S), ASSOCIATES AND REFERENCES AS LISTED HEREIN.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE STATEWIDE INC ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AFFILIATION AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE STATEWIDE INC 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 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.

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DATE                      LEGIBLY PRINT FULL LEGAL NAME                      SIGNATURE

**DO NOT WRITE ON THIS PAGE  
FOR INTERVIEWERS USE ONLY**

<b>INTERVIEWED BY</b>	<b>DATE</b>
<b>COMMENTS</b>	

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<b>COMMENTS</b>	

<b>INTERVIEWED BY</b>	<b>DATE</b>
<b>COMMENTS</b>	

<b>HIRED (DATE) FOR DEPT.</b>	<b>FOR POSITION</b>	
<b>SALARY / WAGES</b>	<b>WILL REPORT TO</b>	
<b>APPROVED 1</b>	<b>EMPLOYMENT MANAGER</b>	<b>DATE</b>
<b>APPROVED 2</b>	<b>DEPARTMENT MANAGER</b>	<b>DATE</b>
<b>APPROVED 3</b>	<b>GENERAL MANAGER</b>	<b>DATE</b>