



Application For Employment

Pre-Employment Questionnaire Equal Opportunity Employer

Personal Information / Informacion Personal

Date / Fecha _____

Name (Last Name, First) Nombre	
Phone No./Telefono	Celular/Mobile
Email	Store Location / Locacion de Tienda

Emergency Contact / Contacto de Emergencia

Name / Nombre	Phone No./Telefono	Relación/Relation
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Desired Employment / Puesto a Emplear

Position / Posicion Deseada	Date You Can Start / Cuando Puede Comenzar a Trabajar	Salary Desired / Sueldo Deseado
Are You Employed / Esta Trabajando Ahora	If So, May We Inquire Your Present Employer ? Podemos Verificar Tu Empleo	
Do You Have a Family Member or Friends Working with Us/ Tiene Algun Familiar o Conocido Trabajando Con Nosotros	Si/Yes	No
	Where? Donde	Relación/Relation
Have you ever Worked at This Company Before?/ Haz Trabajado con Nosotros Anteriormente en esta Compañia	Where? Donde	When? / Cuando

Former Employers (Empleos Anteriores) (List Below Last Four Employers, starting With Last One First)

Date Month And Year Fecha Mes y Año	Name & Address Of Employer /Nombre y Direccion Del Empleador	Salary Sueldo	Position Puesto	Reason For Leaving /dejo de Laborar	Porque
From/De					
To/ Hasta					
From/De					
To/ Hasta					
From/De					
To/ Hasta					
From/De					
To/ Hasta					

References Give Below The Names of Three Persons Not Related To You, Whom You Have Know At Least One Year

Name / Nombre	Phone / Numero	Relation / Relación	Business / Negocio	Years Known / Años se Conoce

Education History / Historial Academica

Name & Location Of School /Nombre de La Escuela y Direccion	Years Attended Años Cursados	Did You Graduate? Se Graduo	Subjects Studied Materias
Grammar School Primaria			
High School Preparatoria			
College Universidad			
Trade Business or Correspondence School Cursos Alternativos			

Tell us About You/ Hablanos Sobre tu Persona

CUALQUIER INFORMACION FALSA SERA SANCIONADA / ANY WRONG INFORMATION GIVEN WILL BE PUNISHED

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 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 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

Date _____ **Signature** _____

Interviewed BY _____ **Date** _____

Do Not Write Below This Line

Remarks

Neatness		Character			
Personality		Ability			
Hired	For Dept	Position	Will Report	Store #	Salary Wages

Approved 1. _____