

HUST BROTHERS, INC. MIDVALLEY INDUSTRIAL

PERSONAL INFORMATION

(PRE-EMPLOYMENT QUESTIONARE)
AN EQUAL OPPORTUNITY EMPLOYER)

DATE: _____

NAME: _____
Last
First
Middle

PRESENT ADDRESS: _____
Street
City
State
Zip

PERMANENT ADDRESS: _____
Street
City
State
Zip

PHONE NUMBER: _____ ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

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

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

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

HAVE YOU EVER BEEN REFUSED A BOND? YES NO IF SO, WHEN? _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

ARE YOU AVAILABLE TO WORK: FULL TIME PART TIME SHIFT WORK TEMPORARY

REFERRED BY: _____

<u>EDUCATION</u>	NAME & LOCATION OF SCHOOL	NO OF YEARS	GRAD.?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

LANGUAGES SPOKEN: _____

SUBJECTS OF SPECIAL STUDY OR REASERCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES: (Civic, Athletic, Etc.) _____

*Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. MILITARY OR NAVAL SERVICE? _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? _____

*The age discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to the individuals who are at least 40 years of age.

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

DATE (Month and Year)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: (Give the name of three persons not related to you, whom you have known at least one year).

	NAME	ADDRESS	BUSINESS	YEARS
1:				
2:				
3:				

IN CASE OF
EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE NO.

"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 listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:		DATE:
REMARKS:		
NEATNESS:	ABILITY:	
HIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>	POSITION:	DEPT:
SALARY/WAGE:	DATE REPORTING TO WORK:	
APPROVED: 1:	2:	3:
EMPLOYMENT MANAGER	DEPARTMENT HEAD	GENERAL MANAGER