

IN STORE SERVICES, INC.
APPLICATION FOR EMPLOYMENT
 (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME: _____ SOCIAL SECURITY# _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO. _____ MESSAGE PHONE NO. _____ ARE YOU 18 YRS. OR OLDER? _____

DO YOU HAVE A VALID WASHINGTON STATE DRIVER'S LICENSE ? _____ W.S.D.L.# _____

EXPIRATION DATE: _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

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

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

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

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

FORMER EMPLOYERS

(LIST BELOW LAST 4 EMPLOYERS; STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
I. FROM:				
TO:				
I. FROM:				
TO:				
I. FROM:				
TO:				
I. FROM:				
TO:				

(CONTINUED ON OTHER SIDE)

(FOR OFFICE USE ONLY)
 LAST NAME
 FIRST NAME
 MIDDLE NAME

REFERENCES

THE NAMES OF 3 PERSON NOT RELATED TO YOU, WHOM YOU'VE KNOWN AT LEAST 1 YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

YES NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

PLEASE DESCRIBE:

IN CASE OF

WORK PHONE NO. _____

EMERGENCY NOTIFY:

NAME

ADDRESS

HOME 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, PERSONAL OR OTHERWISE, 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 ANY PRIOR NOTICE.

SIGNATURE: _____

DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____

DATE: _____

DATE HIRED: _____

POSITION: _____

WAGE: _____

--	--

APPROVED: _____

DATE: _____

EMPLOYEE ID#

SKILL TYPE

COMMENTS