



Application for Employment

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

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

DATE (MONTH & YEAR)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THE JOB?

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

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IT IS UNLAWFUL IN THE STATE OF NEW JERSEY TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

SIGNATURE OF APPLICANT

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, AS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS

NEATNESS ABILITY

HIRED YES NO POSITION DEPARTMENT

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPARTMENT HEAD 3. GENERAL MANAGER

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION.



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AVAILABILITY SHEET

BELOW, FIND ALL THE DAYS OF THE WEEK FOR EACH SEASON.
FOR EACH DAY OF THE WEEK, PLEASE LIST THE TIMES THAT YOU ARE AVAILABLE TO WORK.

HOW MANY HOURS A WEEK ARE YOU ABLE TO WORK? _____

	SPRING		SUMMER		FALL
MON	_____	MON	_____	MON	_____
TUES	_____	TUES	_____	TUES	_____
WED	_____	WED	_____	WED	_____
THURS	_____	THURS	_____	THURS	_____
FRI	_____	FRI	_____	FRI	_____
SAT	_____	SAT	_____	SAT	_____
SUN	_____	SUN	_____	SUN	_____

ARE YOU WILLING TO WORK DURING SCHOOL HOLIDAYS (Y/N) _____

WHEN IS YOUR LAST DAY OF SCHOOL? _____

WHEN IS YOUR FIRST DAY OF SCHOOL? _____

IF YOU HAVE ANY SPECIAL SCHEDULING NEEDS DURING THE SEASONS LISTED ABOVE DUE TO SPORTS, BAND PRACTICE, DANCE, ETC., PLEASE INDICATE THEM HERE:

PLEASE INDICATE ANY VACATIONS/SPECIAL OCCASIONS THAT YOU HAVE PLANNED FOR SPRING, SUMMER OR FALL

REASON	_____	DATE(S)	_____
REASON	_____	DATE(S)	_____

ANY ADDITIONAL INFORMATION:

I UNDERSTAND THAT ANY DESIRED CHANGES TO THE ABOVE SCHEDULE MUST BE APPROVED BY MY MANAGER AND MAY AFFECT MY EMPLOYMENT STATUS.

NAME: _____ DATE _____

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