



## APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire – Equal Opportunity Employer

**LOCATION:** Kansas City (Overland Park) ☐ Omaha (Ralston) ☐

### PERSONAL INFORMATION:

Name (Last, First Middle): \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Previous Address (if at current address less than 2 yrs): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position: \_\_\_\_\_ Available Start Date: \_\_\_\_\_ Desired Hourly Wage: \_\_\_\_\_

Do you know anyone who is working here? Yes ☐ No ☐

If yes, name and relationship: \_\_\_\_\_

Are you a citizen of the United States? Yes ☐ No ☐

If no, are you authorized to work in the U.S.? Yes ☐ No ☐

Do you have a valid driver's license? Yes ☐ No ☐

Do you have reliable transportation? Yes ☐ No ☐

Do you have any restrictions that would cause conflict with attendance? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

Are you able to stand/walk long hours at a time without restrictions? Yes ☐ No ☐

If no, please explain: \_\_\_\_\_

### QUALIFICATIONS:

	School Name:	Degree:	Area of Study:	City/State:
High School:				
College:				
Other:				
Trade School:				

### PREVIOUS EMPLOYMENT:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous employer? Yes ☐ No ☐

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous employer? Yes ☐ No ☐

### MILITARY SERVICE:

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, please explain: \_\_\_\_\_

### REFERENCES:

Please list three professional references.

Name:	Company:	Title:	Phone Number:

Please list three personal references

Name:	Relationship:	Years Known:	Phone:

### SCHEDULE AVAILABILITY:

	Available to work? (yes or no)	What time can you be here?
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday</b>		
<b>Sunday</b>		

### DISCLAIMER AND SIGNATURE:

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that false or misleading information may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_