



PRE-EMPLOYMENT QUESTIONNAIRE
 EQUAL OPPORTUNITY EMPLOYER
 DRUG FREE WORKPLACE

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

NAME: (LAST NAME FIRST)		SOCIAL SECURITY #	
PERSONAL ADDRESS:		CITY:	ST: ZIP:
PHONE NUMBER:		REFERRED BY:	

EMPLOYMENT DESIRED

POSITION:	FULL TIME: ___ PARTTIME: ___	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU CURRENTLY EMPLOYED? YES ___ NO ___	IF SO MAY WE CONTACT YOUR CURRENT EMPLOYER? YES ___ NO ___		
HAVE YOU EVER APPLIED TO GREAT ROOMS? YES ___ NO ___	HAVE YOU EVER BEEN EMPLOYED WITH GREAT ROOMS? YES ___ NO ___	IF YES, LIST DATES:	
DO YOU KNOW ANYONE THATWORKS WITH GREAT ROOMS? YES ___ NO ___	IF YES, WHAT IS YOUR RELATIONSHIP TO THEM & THERE LOCATION?:		
DO YOU HAVE A VALID DRIVERS LICENSE? YES ___ NO ___ ARE THERE MORE THAN 6 PTS. ON YOUR LICENSE? YES ___ NO ___	HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ NO ___		

EDUCATION

SCHOOL	START (DATE)	END (DATE)	MAJOR STUDIED:	GRADUATE:

GENERAL INFORMATION

LIST ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, OR EXTRA CURRICULAR ACTIVITIES. DESCRIBE ANY SPECIAL, JOB RELATED SKILLS, AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

WORK HISTORY:(START WITH CURRENT OR LAST JOB FIRST)

EMPLOYER:	DATES EMPLOYED		HOURLY RATE /SALARY	
ADDRESS:	TO	FROM	STARTING	FINAL
PHONE NUMBER:	WORK PERFORMED:			
STARTING/ PRESENT JOB TITLE:				
SUPERVISER:	MAY WE CONTACT: YES___ NO___			
REASON FOR LEAVING:				

EMPLOYER:	DATES EMPLOYED		HOURLY RATE /SALARY	
ADDRESS:	TO	FROM	STARTING	FINAL
PHONE NUMBER:	WORK PERFORMED:			
STARTING/ PRESENT JOB TITLE:				
SUPERVISER:	MAY WE CONTACT: YES___ NO___			
REASON FOR LEAVING:				

EMPLOYER:	DATES EMPLOYED		HOURLY RATE /SALARY	
ADDRESS:	TO	FROM	STARTING	FINAL
PHONE NUMBER:	WORK PERFORMED:			
STARTING/ PRESENT JOB TITLE:				
SUPERVISER:	MAY WE CONTACT: YES___ NO___			
REASON FOR LEAVING:				

REFERENCES: (DO NOT INCLUDE FAMILY MEMBERS, OR PAST SUPERVISORS. PLEASE LIST PEOPLE YOU HAVE KNOWN FOR ATLEAST 1 YEAR.)

APPLICANTS SIGNATURE:

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THIS TIME.

I HEREBY ACKNOWLEDGE AND UNDERSTAND THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT, OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF GREAT ROOMS.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

APPLICANTS SIGNATURE: _____ DATE: _____

