APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

NAME
LAST
FIRST
MIDDLE

PRESENT ADDRESS
STREET
CITY
STATE
ZIP

PERMANENT ADDRESS
STREET
CITY
STATE
ZIP

PHONE NO
ARE YOU 18 YEARS OR OLDER? Yes ☐ No ☐

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes ☐ No ☐

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?

REFERRED BY

EDUCATION

NAME AND LOCATION OF SCHOOL
*NO OF YEARS ATTENDED
*DID YOU GRADUATE?
SUBJECTS STUDIED

GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OR CORRESPONDENCE SCHOOL

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH 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 PRESENT MEMBERSHIP IN NAVAL SERVICE NATIONAL GUARD OR RESERVES

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.
### Former Employers

<table>
<thead>
<tr>
<th>Date: Month and Year</th>
<th>Name, Address, Phone Number of Employer</th>
<th>Salary</th>
<th>Position</th>
<th>Reason for Leaving</th>
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Which of these jobs did you like best?

What did you like most about this job?

### References

Give the names of three professional references not related to you, whom you have known at least one year.

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<tr>
<th>Name</th>
<th>Address &amp; Phone Number</th>
<th>Business</th>
<th>Years Acquainted</th>
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The following statement applies in: Maryland & Massachusetts. [Fill in name of state.]

It is unlawful in the state of ________________________ 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

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<tr>
<th>Name</th>
<th>Address</th>
<th>Phone No.</th>
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*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 the president, has 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

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