

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

14536 OYSTER ROAD  
ALLIANCE, OHIO 44601  
TOLL FREE: (800)371-8406  
PHONE: (330)821-8406  
FAX: (330)821-5080



## PERSONAL INFORMATION

Date:

NAME (LAST, FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		
ARE YOU 18 YEARS OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO A.R. SCHOPP'S BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN?	

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	

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## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATES EMPLOYED MM/YYYY TO MM/YYYY	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

WHICH OF THE ABOVE JOBS DID YOU LIKE BEST AND WHY?

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

NAME	ADDRESS	BUSINESS	YEARS KNOWN

## AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and I release all parties from all liability for any damage that may result from furnishing the 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 prior notice and without cause."

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

DO NOT WRITE BELOW THIS LINE

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

Remarks: \_\_\_\_\_

HIRE:  YES  NO Position: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Date Starting Work: \_\_\_\_\_