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# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
 VICTORY IS AN EQUAL OPPORTUNITY EMPLOYER

<b>EMPLOYMENT DESIRED</b>	<b>(PLEASE PRINT)</b>	<b>DATE of APPLICATION:</b>
POSITION APPLIED FOR:	DATE YOU CAN START	PAY RATE / SALARY DESIRED

## PERSONAL INFORMATION

NAME (Last name, First name, Middle name)		HOW DID YOU LEARN ABOUT THIS JOB?	
ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER(S) ( )		SOCIAL SECURITY NUMBER	
HAVE YOU EVER <b>APPLIED</b> TO THIS COMPANY BEFORE? WHEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER <b>WORKED</b> FOR THIS COMPANY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO WHEN?
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR CURRENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED OF A SERIOUS CRIME IN THE LAST 7 YRS? WHEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, PLEASE GIVE DETAILS:	
DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, PLEASE GIVE NAMES AND RELATIONSHIPS:	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU PHYSICALLY ABLE TO FULFILL THE JOB REQUIREMENTS OF THE POSITION APPLIED FOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO

## EDUCATION HISTORY

	NAME AND LOCATION OF SCHOOL	# of YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED / DEGREE
HIGH SCHOOL or GED				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH, WORK OR SPECIAL TRAINING/SKILLS

## PRESENT AND FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, **STARTING WITH LAST ONE FIRST**)

DATE MONTH AND YEAR	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	ENDING SALARY	LAST POSITION	REASON FOR LEAVING
FROM				
TO	Duties:	Name of Supervisor		Phone Number of Supervisor
FROM				
TO	Duties:	Name of Supervisor		Phone Number of Supervisor
FROM				
TO	Duties:	Name of Supervisor		Phone Number of Supervisor
FROM				
TO	Duties:	Name of Supervisor		Phone Number of Supervisor

CONTINUED ON OTHER SIDE

**REFERENCES:** GIVE BELOW THE INFORMATION OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS AND / OR PHONE NUMBER	BUSINESS	YEARS KNOWN

**AUTHORIZATION: Please read the following statement carefully before signing**

- \* I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or omission of fact on this application shall be grounds for dismissal.
- \* I authorize investigation of all statements contained herein and any companies, schools, or persons to give any and all information regarding my employment, qualifications and character. I hereby expressly release said companies, schools, or persons from any and all liability for any damage that may result from utilization of such information.
- \* I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.
- \* I agree that any claim or lawsuit relating to my service with Victory must be filed no more than six (6) months after the date of the action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.
- \* I have read and understand the contents of this employment application and am fully able and competent to complete it.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**


NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED FOR DEPT.	POSITION	START DATE	SALARY / WAGES

APPROVED 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 DEPARTMENT HEAD GENERAL MANAGER HUMAN RESOURCES