



TRUCK & SUV ACCESSORY CENTERS
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**PRE-EMPLOYMENT
QUESTIONNAIRE AN EQUAL
OPPORTUNITY EMPLOYER**

APPLICATION FOR EMPLOYMENT

LAST

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER?		PHONE #		
<input type="checkbox"/> YES <input type="checkbox"/> NO				

FIRST

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?	WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO			
EVER WORKED FOR THIS COMPANY BEFORE?		WHERE?	WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO			
REASON FOR LEAVING PREVIOUS EMPLOYER?			
NAME OF LAST SUPERVISOR AT THIS COMPANY?			
WHO REFERRED YOU TO THIS COMPANY?			
<input type="checkbox"/> EMPLOYMENT AGENCY		<input type="checkbox"/> NEWSPAPER ADVERTISING	
<input type="checkbox"/> STATE EMPLOYMENT OFFICE		<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	
<input type="checkbox"/> WALK IN		<input type="checkbox"/> OTHER	

MIDDLE

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SPECIAL STUDY OR RESEARCH WORK:
SPECIAL TRAINING:
SPECIAL SKILLS:

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
MONTHLY STARTING SALARY	ANNUAL FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK:			
REASON FOR LEAVING:			

NAME OF 2nd MOST RECENT EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
MONTHLY STARTING SALARY	ANNUAL FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK:			
REASON FOR LEAVING:			

NAME OF 3rd MOST RECENT EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
MONTHLY STARTING SALARY	ANNUAL FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK:			
REASON FOR LEAVING:			

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	PHONE	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE:	DISCHARGE DATE RANK:
DUTIES / COMMENDATIONS:	

AUTHORIZATION

"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 ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM 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."

DATE

SIGNATURE

EMAIL ADDRESS