



RAY OF LIGHT

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Personal Information

Pre-Employment Questionnaire Equal Opportunity Employer

NAME(LAST, FIRST)	SOCIAL SECURITY NO.
-------------------	---------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

Cell Phone #	Home Phone #	Email Address
--------------	--------------	---------------

Employment Desired

POSITION	DATE YOU CAN START
ARE YOU EMPLOYED NOW? ___ YES ___ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ___ YES ___ NO

Education History

	NAME & LOCATION OF SCHOOL	# OF YEARS	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS				

General Information

Special Training, Certifications, Licenses:
How well do you handle Multitasking and working underpressure?
Why are you interested in this position? Tell me about your work ethics, values and what motivates you?

Former Employers (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER:

ADDRESS

CITY

STATE

ZIP CODE

STARTING DATE

LEAVING DATE

MAY WE CONTACT YOUR SUPERVISOR?

NAME OF SUPERVISOR:

PHONE #

REASON FOR LEAVING?

RESPONSIBILITIES?

JOB TITLE

NAME PREVIOUS EMPLOYER:

ADDRESS

CITY

STATE

ZIP CODE

STARTING DATE

LEAVING DATE

MAY WE CONTACT YOUR SUPERVISOR?

NAME OF SUPERVISOR:

PHONE #

REASON FOR LEAVING?

RESPONSIBILITIES?

JOB TITLE

NAME PREVIOUS EMPLOYER:

ADDRESS

CITY

STATE

ZIP CODE

STARTING DATE

LEAVING DATE

MAY WE CONTACT YOUR SUPERVISOR?

NAME OF SUPERVISOR:

PHONE #

REASON FOR LEAVING?

RESPONSIBILITIES?

JOB TITLE

REFERENCES (PLEASE LIST THE NAME OF ADDITIONAL PROFESSIONAL REFERENCES WE MAY CONTACT)

NAME	RELATIONSHIP	PHONE #	COMPANY

Driving Information

Do you have a current valid driver's license?
If you do not have a Driver's license do you have the means to get to work?

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.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document for upon hire.

SIGNATURE

DATE



INTERVIEWED BY	DATE
----------------	------

<u>REMARKS</u>
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HIRE	POSITION	MANAGER/DATE
------	----------	--------------