

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

HOME PHONE

EMAIL ADDRESS

CELL PHONE

ARE YOU 18 YEARS OR OLDER?

Yes

No

If hired, would you be able to present evidence of your US citizenship or proof of your legal right to work in the United States?

Yes

No

EMPLOYMENT DESIRED

POSITION

AVAILABLE
START DATE

SALARY
DESIRED

ARE YOU EMPLOYED NOW?

Yes

No

IF SO MAY WE INQUIRE OF
YOUR PRESENT EMPLOYER?

Yes

No

HAVE YOU APPLIED TO/WORKED
FOR THIS COMPANY BEFORE?

Yes

No

REFERRED BY

Do you have any friends, relatives, or acquaintances working for L Cubed?

Yes

No

If hired, are you willing to submit to and pass a controlled substance test?

Yes

No

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

Licenses, Skills, Training, Awards

US MILITARY SERVICE

RANK

PREVIOUS EMPLOYMENT

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____

WHICH OF THESE JOBS DID YOU LIKE BEST?
WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN	PHONE NUMBER
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NUMBER

"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 THE APPLICATION SHALL BE GROUND FOR DISMISSAL. I AUTHORIZES INVESTIGATION OF ALL STATEMENTS CONTAINED 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 RELEASE ALL PARTIED FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING 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

DISCLAIMER – COMPLETING AN APPLICATION DOES NOT CONSTITUTE OR IMPLY EMPLOYMENT. YOUR APPLICATION WILL BE REVIEWED AND YOU MAY BE CONTACTED FOR AN INTERVIEW.

LCUBED CORPORATION IS A DRUG FREE WORKPLACE. ALL EMPLOYEES ARE SUBJECT TO RANDOM DRUG TESTING.

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS

NEATNESS

ABILITY

HIRED Yes No

POSITION

DEPT

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED 1.

2.

3.

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER