

Application for Employment

204 East Jackson St.
Gate City, VA 24251
276-386-9591



**COMMERCIAL
ELECTRONICS, INC**
REPAIR & UPGRADE SERVICES

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

DATE: _____

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

TELEPHONE: () _____ ARE YOU 18 YEARS OR OLDER: YES NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES: YES NO

EMPLOYMENT DESIRED

POSITION DESIRED: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER: _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY FOR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO (IF YES, PLEASE EXPLAIN BELOW) _____

(A POSITIVE ANSWER WILL NOT NECESSARILY PREVENT EMPLOYMENT.) _____

* The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

FORMER EMPLOYERS (LIST BELOW LAST 4 EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE, MONTH AND YEAR	NAME & ADDRESS	PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

WORK REFERENCES: GIVE THE NAMES OF TWO PERSONS NOT RELATED TO YOU WHOM YOU HAVE WORKED WITH IN THE PAST AND HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

PERSONAL REFERENCES: GIVE THE NAME OF ONE PERSON NOT RELATED TO YOU THAT YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

IN CASE OF EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

“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 LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES 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

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.