

Axel's Food and Ice Cream

Application for Employment for Merrimack Location

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

Personal Information

TODAY'S DATE: _____

NAME (LAST, FIRST)		
PRESENT ADDRESS (Street)	DAYTIME PHONE:	
PRESENT ADDRESS (City, State, Zip)	EVENING PHONE:	
E-MAIL ADDRESS:	REFERRED BY	DATE OF BIRTH (UNDER 18YRS) / /

Employment Desired

POSITION	DATE YOU CAN START	PAY RATE DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO AXEL'S BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	HOURS PER WEEK DESIRED

Education History

	NAME & LOCATION OF SCHOOL	LAST GRADE COMPLETED	DID YOU GRADUATE?	WHAT YEAR?	DEGREE / MAJOR
HIGH SCHOOL		9 10 11 12			
COLLEGE/UNIVERSITY		1 2 3 4			
OTHER:		1 2 3 4			

Schedule Availability:

		MON	TUES	WED	THURS	FRI	SAT	SUN
DAYS AND TIMES YOU'RE AVAILABLE TO WORK:	FROM:							
	TO:							

High School Students

DO YOU PLAY ANY SPORTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHICH ONE(S)?
WHEN DOES YOUR SPORT START UP AND END?	CAN YOU WORK DURING THE WEEK WHILE PLAYING SPORTS? <input type="checkbox"/> YES <input type="checkbox"/> NO

Former Employers (list below your last three employers, starting with most recent)

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

References

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

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

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 forgoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or 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."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

Remarks

NEATNESS		CHARACTER	
PERSONALITY		MANNERISM	
HIRED	POSITION	PAY RATE	APPROVED BY