

SIDHU ASSOCIATES, INC.

APPLICATION FOR EMPLOYMENT

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

				DATE
NAME			SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
PHONE NO.		ARE YOU 18 YEARS OF AGE OR OLDER __ YES __ NO		

LAST

SPECIAL QUESTIONS

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS **CHECKED A BOX** PRECEEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONAFIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- Are you prevented from lawfully becoming employed in the U.S.? __ Yes __ No
- Date of Birth *
- What foreign Languages do you speak fluently? _____ Read _____ Write _____
- Have you been convicted of a felony or misdemeanor within the last 5 years? ** Yes _____ No _____
Describe: _____

FIRST

* The age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

** You will not be denied employment solely because of a conviction record, unless the offence is related to the job for which you have applied.

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED	
IF SO MAY WE INQUIRE			
ARE YOU EMPLOYED NOW?		OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?	

MIDDLE

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

The Age Discrimination in Employment Act of 1967 prohibits on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

GENERAL
SUBJECT OF SPECIAL STUDY OR RESEARCH WORK

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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DATE	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
MONTH AND YEAR				
FROM				
TO				
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	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

PHYSICAL RECORD:

DO YOU HAVE ANY LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? ___ Yes ___ No

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? _____

PLEASE DESCRIBE

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

I CERTIFY THAT THE FACTS 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 MY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, 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 ANY PRIOR NOTICE."

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

HIRED YES NO POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: