

**IN STORE SERVICES, INC.**  
**APPLICATION FOR EMPLOYMENT**  
 (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_ MESSAGE PHONE NO. \_\_\_\_\_ ARE YOU 18 YRS. OR OLDER? \_\_\_\_\_

DO YOU HAVE A VALID WASHINGTON STATE DRIVER'S LICENSE ? \_\_\_\_\_ W.S.D.L.# \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

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

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD/RESERVES \_\_\_\_\_

**FORMER EMPLOYERS**

(LIST BELOW LAST 4 EMPLOYERS; STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
I. FROM:				
TO:				
I. FROM:				
TO:				
I. FROM:				
TO:				
I. FROM:				
TO:				

(CONTINUED ON OTHER SIDE)

(FOR OFFICE USE ONLY)  
 LAST NAME  
 FIRST NAME  
 MIDDLE NAME

# REFERENCES

THE NAMES OF 3 PERSON NOT RELATED TO YOU, WHOM YOU'VE KNOWN AT LEAST 1 YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

## PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL 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 LIMITATION?

PLEASE DESCRIBE:

IN CASE OF

WORK PHONE NO. \_\_\_\_\_

EMERGENCY NOTIFY:

NAME

ADDRESS

HOME 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, 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.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_

POSITION: \_\_\_\_\_

WAGE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYEE ID#

SKILL TYPE

COMMENTS