

COLLINS AEROSPACE REC CENTER / PHYSICAL THERAPY CLINIC

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

NAME			E-MAIL	
LAST	FIRST	MI		
PRESENT ADDRESS				
STREET	CITY	STATE	ZIP	
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)				
STREET	CITY	STATE	ZIP	
PHONE NUMBER			ARE YOU 18 YEARS OR OLDER? YES NO	

EMPLOYMENT DESIRED

POSITION	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?	
YES NO		YES NO	
HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE?		IF YES, WHEN?	
YES NO		_____ / _____ / _____	

WORK AVAILABILITY

WHAT DAYS AND HOURS ARE YOU AVAILABLE TO WORK? (PLEASE FILL IN BELOW)

DAYS	HOURS AVAILABLE	Do you know that you will be leaving to attend school or relocating for any reason? YES NO If yes, when is the last day you will be available to work? _____ / _____ / _____	I AM WILLING TO WORK (CIRCLE ALL THAT APPLY)		
MONDAY			FRONT DESK	CUSTODIAL	
TUESDAY			BABYSITTING ROOM	PHYSICAL	
WEDNESDAY			FLOOR MONITOR	THERAPY (P.T.)	
THURSDAY			FITNESS INSTRUCTOR	THERAPIST	
FRIDAY			FITNESS CLASS INSTRUCTOR	ASSISTANT / AIDE	
SATURDAY			MAINTENANCE	RECEPTION	
SUNDAY					

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			YES NO	
COLLEGE			YES NO	
ADDITIONAL SCHOOLING			YES NO	

GENERAL INFORMATION

SUBJECTS OF INTEREST OR RESEARCH WORK	
U.S. MILITARY OR NAVAL SERVICE	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES?
RANK	YES NO

FORMER EMPLOYERS

PLEASE START WITH MOST RECENT

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

REFERENCES

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

NAME	ADDRESS	PHONE NUMBER	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? Please circle.	If yes, what can be done to accommodate your limitation? Please describe:
YES NO	

EMERGENCY CONTACT	NAME	ADDRESS	PHONE NUMBER
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Have you ever been convicted under your current name or any other name 1) Of a felony, or 2) Within the past five years of misdemeanor which resulted in imprisonment? *Note: Conviction is not necessarily a bar to employment.* Write YES or NO. Do not print or type _____.

If YES, give date, court, and nature of offence, and disposition below.

DATE	COURT	NATURE OF OFFENSE	DISPOSITION

"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. I release all parties from all liability for any damage that may result from furnishing the 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
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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY	DATE	HIRED	POSITION	SALARY/WAGE	DATE OF START
		YES NO			

ADDITIONAL COMMENTS