



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE – EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME)	TODAY'S DATE		
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY:		

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START / /	SALARY DESIRED		
ARE YOU EMPLOYED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU APPLIED TO THIS COMPANY BEFORE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF SO, WHERE?	WHEN?	

EDUCATION

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR OTHER			

EXPERIENCE

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS
WHAT EXPERIENCE DO YOU HAVE WITH CUSTOMER SERVICE?
DO YOU HAVE A CRIMINAL RECORD? IF YES PLEASE EXPLAIN.
DO YOU AUTHORIZE ENTERTAINMART TO RUN A BACKGROUND CHECK ON YOU?
WHY DO YOU WANT TO WORK FOR ENTERTAINMART?

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

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

IF THERE IS A GAP IN YOUR WORK HISTORY, PLEASE EXPLAIN:

REFERENCES

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

CONTINUED ON OTHER SIDE

NAME	PHONE NUMBER	NATURE OF RELATION/ INDIVIDUAL'S EMPLOYMENT	YEARS KNOWN

AVAILABILITY

NORMAL STORE WORKING HOURS ARE: SUN - THU 9 a.m. to 12 midnight
 FRI - SAT 9 a.m. to 1 a.m.

PLEASE PUT DOWN THE HOURS IN WHICH YOU ARE AVAILABLE TO WORK.

SUN	MON	TUES	WED	THU	FRI	SAT
I AM LOOKING FOR		PART-TIME <input type="checkbox"/>		FULL-TIME <input type="checkbox"/>		
IF PART TIME, HOW MANY HOURS?						
CAN YOU WORK HOLIDAYS?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		

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 foregoing, unless it is in writing and signed by the 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

REMARKS

INTERVIEW DATE:	INTERVIEWED BY:

HIRED	POSITION	START DATE:	SALARY/PAY
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