



Employment Application

Pre Employment Questionnaire
Equal Opportunity Employer

**THE ROYAL
STANDARD**

Personal Information:

Date: _____

Name (Last, First)		Social Security No.	
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Home Phone	Cell Phone	Email	

Employment Desired:

Position	Date You Can Start	Salary Desired
Ever Applied to This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When? _____		Referred By

Schedule Availability: (Times You Can Work. Ex. 9:30-2:30)

Mon		Thurs	
Tues		Fri	
Wed		Sat	
# of Hours Per Week Desired?		Sun	

Education History:

	Name & City,State	Years Attended	Graduate?	Degree
Elementary				
Middle School				
High School				
College				
Other				

Current & Former Employers: (List Last 4 Employers, Starting with the Most Current)

Date	Name & Address	Salary	Position	Reason for Leaving?
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

May we Contact Your Current Employer? Yes No

General Information:

Subjects of Special Study/Research:	
Work or Special Training/Skills:	
US Military	Rank

References: (Give the names of 3 persons not related to you, whom you have known at least one year.)

Name	Address	Phone#	Years Known

Please tell us where you heard about this job opening:
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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 the 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 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."

"I have been informed that this potential employer participates in the E-Verify Employment Eligibility Program."

I understand that my future employment may be contingent upon a background check & drug screening. I will be

Signature _____

Date _____

-----DO NOT WRITE BELOW THIS LINE-----

Interviewed By	Date		
Remarks			
Store	Start Date	Position	Rate