



# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE - WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## GENERAL INFORMATION

Last Name:		First:		Middle Initial:		Home Telephone: ( ) -	
Mailing Address:				City:	State:	Zip:	Other Telephone: ( ) -
Email Address:				Are legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## EMPLOYMENT DESIRED

Position:		Date you can start:		Desired Salary:	
Are you currently employed?		If so, may we inquire with your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worked for or applied to Frontier Lighting™ before?		Where?		When?	
Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal					
Referred By:					

EDUCATION	NAME & LOCATION OF SCHOOL	*NUMBER OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
High School				
College				
Trade, Business or Correspondence School				

## GENERAL INFORMATION

Describe volunteer work, community involvement, hobbies, or other qualification or skills:

Do you have any lighting or electrical experience?  Yes  No

If yes, what type of experience do you have?

Are you a U.S. Military Veteran?  Yes  No

Rank:

Continued on Reverse Side →

**EMPLOYMENT HISTORY (List below your last four employers, starting with most current)**

DATE, MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
START DATE:				
END DATE:				
START DATE:				
END DATE:				
START DATE:				
END DATE:				
START DATE:				
END DATE:				

Which of these jobs did you enjoy the most? Why?

Which of these jobs did you enjoy the least? Why?

**REFERENCES (Give the names of three persons not related to you, whom you have known at least one year)**

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED

**EMERGENCY CONTACT**

Name:	Address:	Phone:
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I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment or compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed By:	Date:		
Remarks:			
Neatness:	Ability:		
Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	Dept:	
Salary/Wage:	Date reporting to work:		
Approved:	Employment Mgr:	Dept. Head:	General Mgr: