

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST):		SOCIAL SECURITY NO: -- --	
PRESENT ADDRESS:	CITY:	STATE:	ZIP CODE:
PERMANENT ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER: ()			

EMPLOYMENT DESIRED

POSITION:	DATE AVAILABLE:
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EDUCATION

NAME & LOCATION OF SCHOOL		DATES ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL:	CITY, STATE:			
COLLEGE:	CITY, STATE:			
OTHER:	CITY, STATE:			

GENERAL

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS:	
US MILITARY SERVICE:	RANK:

(CONTINUED ON NEXT PAGE)

SEP 2004

Application for Employment

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

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

REFERENCES

(GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS & PHONE	BUSINESS	YEARS KNOWN
	PHONE: ()		
	PHONE: ()		
	PHONE: ()		

If hired, can you prove that you are legally permitted to work in the United States? Yes No

ACKNOWLEDGEMENT

The above information is true and complete to the best of my knowledge.

I understand that if Barber-Nichols Inc. hires me, my employment will be at-will, meaning that either I or Barber-Nichols Inc. can terminate it at any time for any reason.

I authorize Barber-Nichols Inc. to make inquiries to verify my suitability for employment and release Barber-Nichols Inc. and any individuals it contacts from any claims arising from making or responding to such inquiries.

SIGNED: _____ DATE: _____

BARBER-NICHOLS INC. IS AN EQUAL OPPORTUNITY EMPLOYER. ALL APPLICANTS RECEIVE EQUAL CONSIDERATION REGARDLESS OF THEIR RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR VETERAN STATUS.

Pre-Employment Information Form

Date Applied: _____

TO ALL APPLICANTS:

The information requested below will be used as part of our Affirmative Action Program in accordance with state and federal regulations. Providing this information is voluntary. Refusal to provide information will not subject you to any adverse treatment. The information provided will be kept confidential except that information may be shared with government officials as required by law.

Name (Please Print): _____ Sex: Male Female

In What Racial/Ethnic Category Do You Consider Yourself To Belong:

- White (not of Hispanic Origin).** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not Hispanic Origin).** All persons having origins in any of the Black racial groups of Africa.
- Hispanic.** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian (not Hispanic or Latino).**
- American Indian or Alaskan Native.** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal or community recognition.
- Two or More Races (not Hispanic or Latino).**
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino).**

Signature