

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE / AN EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME: (LAST)	(FIRST)	(MI)		
ADDRESS:	CITY:	STATE:	ZIP CODE:	
CONTACT NUMBERS: (HOME)		(CELL)		
Email:				
ESIRED EMPLOYMENT				
POSITION:	DATE YOU CAN ST	ART:	SALARY DESIRED:	
FULL-TIME PART-TIM	IE SHIFT PREFERENCE:	DAYS	EVENINGS OVER	NIGHTS
ARE YOU EMPLOYED NOW?	YES NO MAY W	E CONTACT YOUR EMPL	OYER? YES	NO
HAVE YOU EVER APPLIED TO POWER	FULL? YES	NO		
HAVE YOU EVER WORKED FOR POW	ERFULL? YES	NO		
IF YES, WHO WAS SUPERVISOR?				
REASON FOR LEAVING:				
HOW WERE YOU REFERRED TO POW EMPLOYMENT AGENCY FRIEND WALK-IN	ERFULL? STATE EMPLOYMENT OFFICE COLLEGE PLACEMENT SERVICE	AD AT SCHOO	DL NEWSPAPER AD	
DUCATION				
SCHOOL LEVEL GRAMMAR:	NAME AND LOCATION OF SCHOOL	NO. OF YRS. DID ATTENDED GRAD	YOU SUBJECTS UATE? STUDIED	TYPE OF DEGREE
HIGH SCHOOL:				
	EARCH WORK, SPECIAL ACCOMPLI	SHMENTS AWARDS ET	<b>·</b> ·	



## **EMPLOYMENT HISTORY**

(LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE.)

#### 1) CURRENT OR LAST EMPLOYER:

ADDRESS:	CITY:	STATE:	ZIP CODE:	
JOB TITLE:	DATES EMPLOYED:			
MAY WE CONTACT YOUR SUPERVISOR?		YES NO		
STARTING SALARY:	FINAL SALARY:			
NAME OF SUPERVISOR:	TITLE:	PHONE:		
DESCRIPTION OF WORK:				
REASON FOR LEAVING:				
2) PREVIOUS EMPLOYER:				
ADDRESS:	CITY:	STATE:	ZIP CODE:	
JOB TITLE:	DATES EMPLO	YED:		
MAY WE CONTACT YOUR SUPERVISOR?		YES NO		
STARTING SALARY:	FINAL SALARY:			
NAME OF SUPERVISOR:	TITLE:	PHONE:		
DESCRIPTION OF WORK:				
REASON FOR LEAVING:				
3) PREVIOUS EMPLOYER:				
ADDRESS:	CITY:	STATE:	ZIP CODE:	
JOB TITLE:	DATES EMPLO	YED:		
MAY WE CONTACT YOUR SUPERVISOR?		YES NO		
STARTING SALARY:	FINAL SALARY:			
NAME OF SUPERVISOR:	TITLE:	PHONE:		
DESCRIPTION OF WORK:				
REASON FOR LEAVING				

Return completed application to: Powerfull Group Human Resources Department, 5316 Venice Boulevard, Los Angeles, CA 90019



### REFERENCES

(LIST THREE PEOPLE TO WHOM YOU ARE NOT RELATED AND HAVE KNOWN FOR AT LEAST ONE YEAR.)

	NAME	ADDRESS	PHONE #	YEARS KNOWN	RELATIONSHIP
1.					
2.					
3.					

### **BACKGROUND INFORMATION**

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?	YES	NO
DO YOU HAVE A VALID DRIVER'S LICENSE AND A GOOD DRIVING RECORD?	YES	NO
ARE YOU WILLING TO SUBMIT TO A PRE EMPLOYEMENT DRUG SCREEN?	YES	NO

## AUTHORIZATION

THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE, INCOMPLETE OR MISREPRESENTED INFORMATION OF ANY KIND, WILL BE SUFFICIENT CAUSE FOR MY APPLICATION TO BE REJECTED OR, IF DISCOVERED AFTER I AM EMPLOYED, CAUSE FOR IMMEDIATE TERMINATION OF MY EMPLOYMENT.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND 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 UNDERSTAND THIS APPLICATION IS NOT AN EMPLOYMENT AGREEMENT. IF I ACCEPT AN OFFER OF EMPLOYMENT, I UNDERSTAND I MAY RESIGN AT ANY TIME, AND THE EMPLOYER MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, UNLESS REQUIRED BY LAW. I UNDERSTAND THAT NO ONE, OTHER THAN AN EXECUTIVE OFFICER OF THE EMPLOYER, HAS AUTHORITY TO ENTER INTO ANY EMPLOYMENT AGREEMENT WITH TERMS CONTRARY TO THE FOREGOING AND THEN ONLY IN WRITING SIGNED BY SUCH OFFICER.

SIGNATURE

DATE



**POWERFULL GROUP** is a tobacco-free, drug –free employer.