



WEBER & JUDD COMPANY
APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_
STREET CITY STATE ZIP CODE

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_
NAME PHONE

ARE YOU 21 YEARS OF AGE OR OLDER? [ ] Yes [ ] No IF NOT, BIRTH DATE: \_\_/\_\_/\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? [ ] Yes [ ] No

HOURS AVAILABLE

Table with 8 columns (MONDAY to SUNDAY) and 2 rows (FROM, TO)

EMPLOYMENT DESIRED

POSITION DESIRED: [ ] DRIVER [ ] CASHIER [ ] PHARMACY TECHNICIAN [ ] PHARMACIST [ ] OTHER: \_\_\_\_\_

DO YOU HAVE EXPERIENCE FOR THE POSITION YOU ARE APPLYING? [ ] Yes [ ] No

EMPLOYMENT DESIRED: [ ] FULL TIME [ ] PART TIME - HOURS PER WEEK: \_\_\_\_\_

WAGE DESIRED: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

LOCATIONS DESIRED (CHECK ALL THAT APPLY): [ ] CHATFIELD [ ] KASSON [ ] PINE ISLAND [ ] PLAINVIEW [ ] PRESTON [ ] ROCHESTER [ ] SPRING VALLEY [ ] ST. CHARLES [ ] STEWARTVILLE [ ] ZUMBROTA

REFERRED BY: \_\_\_\_\_

HAVE YOU APPLIED HERE BEFORE? [ ] Yes [ ] No

ARE YOU EMPLOYED NOW? [ ] Yes [ ] No

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? [ ] Yes [ ] No

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS? [ ] Yes [ ] No

EDUCATION

Table with 5 columns (NAME AND ADDRESS OF SCHOOL, MAJOR, YEARS ATTENDED, DID YOU GRADUATE?, DEGREE) and 3 rows (COLLEGE, HIGH SCHOOL, blank)

# GENERAL INFORMATION

SPECIAL SKILLS? \_\_\_\_\_

HAVE YOU SERVED IN THE MILITARY? [ ] Yes [ ] No BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_

# ACTIVITIES

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

# REFERERENCES

GIVE THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

1. \_\_\_\_\_  
NAME PHONE BUSINESS YEARS KNOWN
2. \_\_\_\_\_  
NAME PHONE BUSINESS YEARS KNOWN

# EMPLOYMENT INFORMATION

LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST OR PRESENT ONE FIRST. IF YOU WOULD LIKE TO ADD ADDITIOANL EMPLOYMENT HISTORY, ATTACH ADDITIONAL PAGES AS NEEDED.

1. \_\_\_\_\_  
NAME OF EMPLOYER POSITION WAGE  
\_\_\_\_\_  
SUPERVISOR PHONE # STREET ADDRESS, CITY, STATE, ZIP CODE  
\_\_\_\_\_  
DATES OF EMPLOYMENT (FROM-TO) REASON FOR LEAVING
2. \_\_\_\_\_  
NAME OF EMPLOYER POSITION WAGE  
\_\_\_\_\_  
SUPERVISOR PHONE # STREET ADDRESS, CITY, STATE, ZIP CODE  
\_\_\_\_\_  
DATES OF EMPLOYMENT (FROM-TO) REASON FOR LEAVING
3. \_\_\_\_\_  
NAME OF EMPLOYER POSITION WAGE  
\_\_\_\_\_  
SUPERVISOR PHONE # STREET ADDRESS, CITY, STATE, ZIP CODE  
\_\_\_\_\_  
DATES OF EMPLOYMENT (FROM-TO) REASON FOR LEAVING

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND 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 AGREE THAT MY EMPLOYMENT AND 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 IT'S 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."

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_