

APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION				DATE _____	
NAME					
	LAST	FIRST	MIDDLE		
PRESENT ADDRESS					
	STREET	CITY	STATE	ZIP	
PERMANENT ADDRESS					
	STREET	CITY	STATE	ZIP	
PHONE NO.		ARE YOU 18 YEARS OR OLDER?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?				YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYMENT DESIRED		
POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		
IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE?		
		WHERE? WHEN?
REFERRED BY		

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC ATHLETIC ETC.)
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

HAVE YOU WORKED UNDER ANY OTHER NAMES? IF SO, PLEASE LIST:

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

PRE-EMPLOYMENT REQUIREMENTS

IT IS THE POLICY OF EDCO ENGINEERING INC. THAT EACH PROSPECTIVE EMPLOYEE BE MEDICALLY SCREENED TO DETERMINE THAT REQUIREMENTS AND ESSENTIAL FUNCTIONS OF THE JOB CAN BE ACCOMPLISHED WITH OR WITHOUT REASONABLE ACCOMODATION. ALL JOB OFFERS ARE CONTINGENT UPON SUCCESSFUL PASSING OF THE PHYSICAL EXAM AND DRUG SCREEN.

ALL EMPLOYEES ARE EMPLOYED "AT-WILL". AT-WILL MEANS YOU ARE NOT EMPLOYED FOR ANY SPECIFIC AMOUNT OF TIME AND YOUR EMPLOYMENT CAN BE TERMINATED FOR ANY REASON AND AT ANY TIME, WITH OR WITHOUT CAUSE, BY YOU OR EDCO ENGINEERING INC.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE OR MISLEADING 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 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 WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MA ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE

SIGNATURE