



Stan Greer Millworks
 5930 S Hwy 92
 Hereford, AZ 85615
 Phone: (520) 378-9311
 Fax: (520) 378-0424

Employment Application

Pre-Employment Questionnaire
 Equal Opportunity Employer

Date _____

Personal Information

Name (Last, First)		Social Security No.	
Present Address	City	State	Zip Code
Present Address	City	State	Zip Code
Phone No. ()	Referred By		

Employment Desired

Position	Date you can start	Salary Desired
Are you employed? ___ YES ___ NO	If so, may we inquire of your present employer? ___ YES ___ NO	
Ever applied to this company before? ___ YES ___ NO	Where?	When?

Education History

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

General Information

Subjects of Special Study/Research Work or Special Training/Skills

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

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

CONTINUED ON OTHER SIDE

PERSONAL REFERENCES:

Below, Give the names of three persons not related to you whom you have known at least one year.

NAME	ADDRESS & Phone Number	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement on this application shall be grounds for dismissal.

I authorized investigation of all statements contained herein and the 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 also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

DATE _____ SIGNATURE _____

***** MUST HAVE 39 MONTHS D.M.V. REPORT *****

INTERVIEWED BY _____ DATE _____

-----*DO NOT WRITE BELOW THIS LINE*-----

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER