



FORT WORTH MICHAELS LTD. APPLICATION FOR EMPLOYMENT

DATE: _____

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	APT NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO MICHAELS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	
HAVE YOU EVER WORKED AT MICHAELS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	
REASON FOR LEAVING:		
ARE YOU T.A.B.C. CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU HOLDING A CURRENT FOOD HANDLERS CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHO REFERRED YOU TO MICHAELS? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK-IN		

EDUCATION



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



GENERAL



SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST YOUR LAST THREE EMPLOYERS, BEGINNING WITH THE MOST RECENT ONE

PRESENT OR LAST EMPLOYER		
ADDRESS	CITY	STATE/ZIP
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?  YES  NO
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		

PRESENT OR LAST EMPLOYER		
ADDRESS	CITY	STATE/ZIP
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?  YES  NO
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		

PRESENT OR LAST EMPLOYER		
ADDRESS	CITY	STATE/ZIP
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?  YES  NO
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		

WHAT HOURS ARE YOU AVAILABLE TO WORK?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DAY							
NIGHT							

PLEASE EXPLAIN:

REFERENCES

LISTS THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO AND YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS KNOWN
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	RANK	DISCHARGE DATE

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST FIVE YEARS? YES NO

IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

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 STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE 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 THE PRESIDENT OF THE GENERAL PARTNER OF FORT WORTH MICHAELS, LTD..

DATE

SIGNATURE

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY:	DATE
COMMENTS:	
<hr/> <hr/> <hr/>	

INTERVIEWED BY:	DATE
COMMENTS:	
<hr/> <hr/> <hr/>	

INTERVIEWED BY:	DATE
COMMENTS:	
<hr/> <hr/> <hr/>	

HIRE DATE FOR DEPT.	FOR POSITION		
SALARY/WAGES	WILL REPORT		
APPROVED 1	EMPLOYMENT MANAGER	DATE	
APPROVED 2	DEPARTMENT MANAGER	DATE	
APPROVED 3	GENERAL MANAGER	DATE	

HOURS AVAILABLE TO WORK

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DAY							
NIGHT							
PLEASE EXPLAIN:							