

# A. E. FICKERT APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT  
QUESTIONNAIRE  
AN EQUAL  
OPPORTUNITY EMPLOYER

LAST

FIRST

MIDDLE

## PERSONAL INFORMATION

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

## 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		
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
REASON FOR LEAVING			
NAME OF LAST SUPERVISOR AT THIS COMPANY			
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND			
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> OTHER

## EDUCATION

SCHOOL LEVEL	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 TRAINING
SPECIAL SKILLS

## FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST. IF THE SPACE PROVIDED DOES NOT COVER AT LEAST 7 YEARS, ATTACH ADDITIONAL SHEETS OR A RÉSUMÉ.

NAME OF 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

## REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS & PHONE #	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED FOR VIOLATING ANY LAW (EXCLUDING CONVICTIONS FOR MINOR TRAFFIC OFFENSES?)

YES  NO

IF YES, LIST ALL CONVICTIONS:

DATE	OFFENSE	PENALTY	CITY/STATE

## 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 OR REVOCATION OF THE EMPLOYMENT OFFER.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I AUTHORIZE THE REFERENCES, EMPLOYERS, AND EDUCATIONAL INSTITUTIONS LISTED ABOVE TO GIVE A.E. FICKERT & SON, INC. ANY AND ALL INFORMATION CONCERNING MY PREVIOUS AND PRESENT EMPLOYMENT, EDUCATIONAL BACKGROUND, AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. I AGREE TO RELEASE AND HOLD HARMLESS A.E. FICKERT & SONS, INC. MY PRESENT AND FORMER EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND THEIR AGENTS, FROM ANY AND ALL LIABILITY OF WHATEVER KIND MIGHT RESULT FROM THE RELEASE OR UTILIZATION OF SUCH INFORMATION. I AUTHORIZE A.E. FICKERT & SON, INC. OR ITS DESIGNEE TO CONDUCT A CRIMINAL BACKGROUND CHECK TO OBTAIN INFORMATION ABOUT ME FROM LAW ENFORCEMENT AGENCIES.

I AUTHORIZE A.E. FICKERT & SON, INC. TO OBTAIN A CONSUMER REPORT ON ME THROUGH THE REPORTING AGENCY OF ITS CHOICE. IF AN ADVERSE EMPLOYMENT DECISION IS BASED TOTALLY OR PARTIALLY ON THE INFORMATION CONTAINED IN THE REPORTS, A.E. FICKERT & SON, INC. WILL GIVE ME A COPY OF THE REPORT, A SUMMARY OF MY RIGHTS UNDER THE FAIR CREDIT REPORTING ACT AND THE SOURCE OF THE REPORTS SO THAT I MAY CONTACT THEM, IF I WISH.

I HEREBY ACKNOWLEDGE THAT THIS APPLICATION IS FOR EMPLOYMENT OF INDEFINITE DURATION, TERMINABLE AT WILL, FOR ANY REASON, EITHER BY MYSELF OR BY A. E. FICKERT. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF A.E. FICKERT & SON, INC. 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 MICHAEL P. BACEVICH, PRESIDENT.

DATE

SIGNATURE