APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE* EQUAL OPPORTUNITY EM0PLOYER

PERSONAL INFORMATION				DATE							
NAME(LAST, FIRST, M	IDDLE)					OCIAL ECURITY NO).	•			
PRESENT ADDRESS				CITY				STATE		ZIP	
PERMANENT ADDRES	SS			CITY				STATE		ZIP	
PHONE NO.		CELLULAR	CELLULAR NO.			DRIVER LICENSE NUMBER, S			TATE		
ARE YOU EITHER A EMPLOYMENT DES		dr an alie	EN AUTHOF	RIZED TO V	VOR	K IN THE	UNITE	ED STA	TES? اُ ۱	YES ÎNO	
POSITION	11125			DATE YOU CAN START	-				:		
ARE YOU EMPLOYED N	NOW? YES NO)	IF SO, MAY	WE INQUIRE	OF Y	OU PRESE	NT EMPI	LOYER?	YES Î	NO	
EDUCATION								1			
	NAME & LOCA	TION OF SC	CHOOL			YEA ATTE			YOU DUATE?	SUBJECTS STUDIED	
HIGH SCHOOL											
COLLEGE											
OTHER											
GENERAL INFORMA	ATION					•		'			
SUBJECTS OF SPECIAL	STUDY/RESEARC	H WORK OR	SPECIAL TRA	AINING/SKILLS	3						
U.S. MILITARY OR NAVAL SERVICE					RANK	RANK					
FORMER EMPLOYE	ERS (LIST BELOW	LAST THREE	EMPLOYERS	S, STARTING Y	WITH	LAST ONE	FIRST)				
DATE MONTH & YEAR		ELEPHONE OF EMPLOYE			SALARY			POSITION		REASON FOR LEAVING	
FROM											
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TO

NAME	IAMES OF THREE PERSONS NOT F	ADDRESS	ı	ONE		RS KNOWN
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PHYSICAL RECORD:		SECULIDE VOLLEDOM D		A N I V / N / O)/ FO	
OU ARE BEING CONSID	SICAL LIMITATIONS THAT PR ERED? ÍYES ÍNO	RECLUDE YOU FROM P	ERFORMING	ANY WO	KK FUI	K WHICH
	DNE TO ACCOMMODATE YO	NID I IMITATIONS				
TEO, WHAT CAN BE BO	THE TO ACCOMMODATE TO	ON LIMITATION:				
RIMINAL RECORD:						
IAVE YOU EVER BEEN C	ONVICTED OF A FELONY?	Í YES Í NO				
YES, PLEASE EXPLAIN	<u> </u>					
MERGENCY CONTACT NAME		PHONE		DEL ATION	CLUD	
NAME		PHONE		RELATION	эпіР	
AMAGE THAT MAY RESULINASS UNDERSTAINTO ANY AGREEMENT FOR O THE FOREGOING, UNLESS I UNDERSTAND ANION HE DATE OF PAYMENT OF THIS WAIVER DOESTANDER PROHIBITED BY THE PAID FOR AND FOR DATE OF THE STAND THE STS AND I WILL BE AUTLEGAL SUBSTANCE. \$40.00	HAVE, PERSONAL OR OTHERY T FROM UTILIZATION OF SUCH ND AND AGREE THAT NO REF R EMPLOYMENT FOR ANY SPE SS IT IS IN WRITING AND SIGNE D AGREE THAT, IF HIRED, MY MY WAGES AND SALARY, MAY S NOT PERMIT THE RELEASE HE AMERICAN WITH DISABILITI MMEE VALLEY FEED TO DEDUCT MAGES TO PROPERTY OTHER HAT KISSIMMEE VALLEY FEED TOMATICALLY TERMINATED IF WILL BE DEDUCTED FROM MY LEGAL SUBSTANCES OR IF I	I INFORMATION. PRESENTATIVE OF THE COMESENTATIVE OF THE COMESENTATIVE OF TIME, ED BY AN AUTHORIZED OF THE COMESENT OF USE OF DISABLITY-IES ACT (ADA) AND OTHE COMESENT OF THE TEST OF THE TEST OF FINAL CHECK FOR ANY EDERGIBLE OF THE TEST OF THE TES	COMPANY HAS OR TO MAKE. OMPANY REP O DEFINITE PE TIME WITHO RELATED OR R RELEVANT I TROLL CHECK BY MY NEGLI OYEES TO RA CHAVE A TES ORUG TEST GI	S ANY AUT ANY AGRE RESENTA- ERIOD AND UT PRIOR MEDICAL FEDERAL A FOR ANY GENCE. NDOM DR ST SHOW IVEN THAT	HORITY EMENT FIVE. O, REGA NOTICE INFORM AND STA MERCH UG AN POSITIN RETUR	TO ENT CONTRA RDLESS EMATION IN ATE LAWS INITIAL D ALCOH E FOR A NES WIT
	ORDERED DRUG OR ALCOHOLSIGNATURE					
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INTERVIEWED BY			SETUP		CP	OAG
POSITION		IE START DA		WA	\sim \sim	

GENERAL HISTORY

1	Do you have reliable transportation?
2	Do you prefer working morning shifts or afternoon shifts?
3	Do you own any animals?
	List
4	Have you had any kind of on the job training (i.e. sales, forklift, safety, driving, etc.)?
	List
5	Rank your computer skills; none fair good very good (circle one)
	BASIC SKILLS TEST
1.	How many total bags of feed are there in each of the following:
	A. 7 Layers containing 4 bags in each layer:
	B. 9 Layers containing 4 bags in each layer
	C. the total of two large stacks, one with 86 bags and the second with 124 bags
	D. A stack of 72 bags after 8 are sold
	E. A pallet of bags with 4 bags per layer and 13 layers high
2.	One ton = 2,000 lbs. How many 50lb bags does it take to make 1 tons?
3.	A feed sells for \$5.95 per 50lb bag. How much would 150lbs cost excluding sales tax?
F	EED HANDLING TEST
	To be administered by Kissimmee Valley Feed interviewer.
	plicant is to safely lift a 50-pound bag of feed, place it on a 2 wheel dolly, push the dolly 10 yards, return and restock bag.
Sa	tisfactory Unsatisfactory
Int	erviewed by

APPLICANT RELEASE FORM

LAST NAME	FIRST NAME	
MIDDLE NAME	MAIDEN NAME	
STREET ADDRESS		
CITY	STATE	ZIP
ALIASES OR OTHER NAMES USED		
DRIVER'S LICENSE #		STATE
DATE OF BIRTH	RACE	SEX
HEIGHTWEIGHT	EYESH	AIR
I,, AU		
VERIFY ALL/ANY INFORMATION		
APPLICATION INCLUDING REFERE CONDUCT A CRIMINAL BACKGROU		ENT HISTORY AND TO
X		