

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION DATE: NAME LAST FIRST MIDDLE AS PRESENT ADDRESS STREET CITY STATE ZIP PERMANENT ADDRESS STREET CITY STATE ZIP PHONE NO YES NO ARE YOU 18 YEARS OR OLDER? Have you ever been convicted of a felony? Yes No Are you prevented from lawfully becoming employed in this country because of Visa or Immigrations status. Yes No. EMPLOYMENT DESIRED DATE YOU SALARY POSITION CAN START DESIRED IF SO MAY WE INQUIRE ARE YOU EMPLOYED NOW? OF YOUR PRESENT EMPLOYER? FIRS EVER APPLIED TO THIS COMPANY BEFORE? WHEN? REFERRED BY *NO OF *DID YOU NAME AND LOCATION OF SCHOOL YEARS SUBJECTS STUDIED **EDUCATION** GRADUATE? ATTENDED **GRADE SCHOOL** HIGH SCHOOL MIDDLE 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 MEMERSHIP IN NATIONAL GUARD OR RESERVES	

*The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age

PAST EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, <u>STARTING WITH LAST ONE FIRST</u>.

DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
то				
FROM				
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FROM				
то				
FROM				
то				A

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THE JOB?

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

NAME	PHONE NUMBER	BUSINESS	YEARS ACOUAINTED
1.	-		
2.			
3.,			

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false 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 options. 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 writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I understand that Polychem Corporation tests all new employees. I hereby consent to and agree to cooperate fully in the drug testing process."

DATE	SIGNATURE		
	DO NOT WRITE	BELOW THIS LINE	
INTERVIEWED BY		DATE	
REMARKS	ي. 1. من المراجع ا		
NEATNESS		ABILITY	
HIREDYESNO	POSITION	DEPT	
SALARY / WAGE	DATE REPORTING	G TO WORK	
APPROVED: 1		TMENT HEAD GENERAL MANAGER	