

ARCA APPLICATION FOR EMPLOYMENT**PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL EMPLOYMENT EMPLOYER****PERSONAL INFORMATION**

NAME (LAST NAME, FIRST			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER (HOME)	PHONE NUMBER (WORK) If applicable	REFERRED BY		

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED?		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYMENT?	
YES _____ NO _____		YES _____ NO _____	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?			WHEN?
YES _____ NO _____			

EDUCATION – (PLEASE FILL OUT COMPLETELY)

NAME AND LOCATION OF SCHOOL	LIST YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR			
HIGH SCHOOL <i>NAME YOU GRADUATED UNDER:</i>			
COLLEGE <i>NAME YOU GRADUATED UNDER:</i>			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL <i>NAME YOU GRADUATED UNDER:</i>			

GENERAL

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING OR SKILLS	
US MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

(LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)				
DATE (MONTH & YEAR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

(CONTINUED ON OTHER SIDE)

PROFESSIONAL REFERENCES

(Give below the names of three persons not related to you, whom you have know at least one year)

NAME, ADDRESS, & PHONE NUMBER	BUSINESS NAME	YEARS KNOWN	CHECKED REFERENCES & COMMENTS

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I 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 ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE. I 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 AND SPECIFIED PREIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE:_____ SIGNATURE:_____

I CERTIFY THAT I HAVE TWO (2) OR MORE YEARS OF NON-ABUSIVE USE OF SUBSTANCES.

SIGNED:_____

APPLICANT MUST CONSENT TO A STATEWIDE CRIMINAL CHECK IF YOU HAVE LIVED MORE THAN 5 YEARS IN NORTH CAROLINA. IF YOU HAVE LIVED IN NORTH CAROLINA LESS THAN 5 YEARS, A NATIONWIDE CRIMINAL CHECK WILL BE DONE. APPLICANT MUST CONSENT TO A DRUG TEST. TESTING WILL BE DONE VIA A FACILITY OF ARCA'S CHOICE.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES_____ NO_____ WHEN?_____ WHERE?_____

EXPLAIN:_____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES_____ NO_____ WHEN?_____ WHERE?_____

EXPLAIN:_____

DO NOT WRITE BELOW THIS LINE**INTERVIEWED BY:****DATE:****REMARKS:****NEATNESS:****CHARACTER:****PERSONALITY:****ABILITY:****HIRE:****FOR DEPT.:****POSITION:****WILL REPORT:****SALARY / WAGES:****APPROVED:**_____
EMPLOYMENT MANAGER_____
DIRECTOR_____
GENERAL MANAGER