

**PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER**

APPLICATION FOR EMPLOYMENT

LAST

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

 YES NO

DESIRED EMPLOYMENT

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

 YES NOIF SO MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER? YES NO

EVER APPLIED TO THIS COMPANY BEFORE?

 YES NO

WHERE?

WHEN?

EVER WORKED FOR THIS COMPANY BEFORE?

 YES NO

WHERE?

WHEN?

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THIS COMPANY

WHO REFERRED YOU TO THIS COMPANY?

 EMPLOYMENT OFFICE NEWSPAPER ADVERTISING FRIEND WEB SITE STATE EMPLOYMENT OFFICE COLLEGE PLACEMENT SERVICE WALK IN OTHER

FIRST

MIDDLE

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

NAME OF PRESENT OR LAST EMPLOYER				PHONE
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 PRESENT OR LAST EMPLOYER				PHONE
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 PRESENT OR LAST EMPLOYER				PHONE
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	BUSINESS	PHONE	YEARS ACQUAINTED
1					
2					
3					

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 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 AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify the information contained in this application is true and correct to the best of my knowledge and agree to have any of the statements verified by the Company Unless I have indicated to the contrary. I authorize the references listed on the application, as well as all other individuals the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may possess. I release all parties and persons from any and all liability for any damages that may result from furnishing such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company, as amended by the Company from time to time in its discretion. I agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. The President of the Company may not alter the at-will nature of my employment relationship unless he does so specifically and in writing.

SIGNATURE OF APPLICANT

DATE

CHECKPOINT COMMUNICATIONS, INC.
EEO/AFFIRMATIVE ACTION/VETERAN DISCLOSURE FORM

Date: _____

Name: _____

Social Security Number: _____

Job Title: _____

Checkpoint is committed to EQUAL EMPLOYMENT OPPORTUNITY (EEO), AFFIRMATIVE ACTION AND VETERAN EMPLOYMENT practices. We ask that all applicants VOLUNTARILY provide the following information to monitor compliance with various governmental requirements.

Thank you for your cooperation.

CHECK ALL THAT APPLY:

MALE FEMALE

- CAUCASIAN
- AMERICAN INDIAN/ALASKAN NATIVE
- ASIAN or PACIFIC ISLANDER
- AFRICAN-AMERICAN
- OTHER

I choose not to provide the information requested

VIETNAM ERA VETERAN

NO YES Served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released with other than a dishonorable discharge or because of a service connected disability.

SPECIAL DISABLED VETERAN

NO YES Entitled to disability compensation under laws administered by the Veteran's Administration for a disability rated 30 percent or more or rated at 10 -20 percent in the case of a veteran who has been determined under Section 156 of Title 38, U.S.C., to have a serious employment disability, or charged/released from active duty because of a service connected disability.

OTHER PROTECTED VETERANS

NO YES Veterans who served on active duty in the U.S: military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized

JOB REQUIREMENTS

The following are a few physical job requirements for the position you are applying for *as* _____ . Please indicate if you are able to meet the listed requirements.

- 1 Lift, pull or push a minimum of 50 lbs. (purchaser Only)
 - a) Lift, pull or push a minimum of 30 lbs. (All other Personnel)
- 2 Work daily for multiple hours with repetitive hand movement.
- 3 *Work* from heights
- 4 Stand and bend for long periods of time.
- 5 Read and write English
- 6 Sit for long periods of time.

Yes I can meet the above job requirements.

Yes, I can meet the above job requirements with accommodations.

No, I cannot meet the above job requirements.

Print Applicant Name

Date

Applicant Signature