



SUPPLY COMPANY, INC. 4083 Swamp Road · P.O. Box 1290 · Doylestown, PA 18901 · (215) 348-8400 · (215) 348-3187 Fax

## Application for Employment Date: \_\_\_\_\_

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

<b>PERSONAL INFORMATION</b>		
<b>NAME (LAST, FIRST, MIDDLE)</b>	<b>SOCIAL SECURITY NUMBER</b>	
<b>PRESENT ADDRESS</b>		
<b>PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)</b>		
<b>PHONE NUMBER</b>	<b>ARE YOU 18 YEARS OR OLDER?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been convicted of a felony or misdemeanor within the last 5 years?       Yes     No  
 IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand and agree that I may be required to take one or more: PHYSICAL EXAMINATION, DRUG TEST as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by Marvic Supply Co., Inc and to release Marvic Supply Co., Inc, its directors, officers, agents or employees from any claim arising in connection with the use of such tests.     Yes     No

<b>EMPLOYMENT DESIRED</b>		
<b>POSITION</b>	<b>DATE YOU CAN START</b>	<b>SALARY DESIRED</b>
<b>ARE YOU EMPLOYED NOW?</b>		<b>IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?</b>
<b>EVER APPLIED TO THIS COMPANY BEFORE?</b>	<b>WHERE?</b>	<b>WHEN?</b>

EDUCATION	NAME/LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
OTHER EDUCATION				

<b>GENERAL</b>		
SPECIAL TRAINING OR SKILLS		
U.S. MILITARY SERVICE?	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES?

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)				
DATE (MONTH AND YEAR)	NAME/ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES (PLEASE LIST 3 REFERENCES WHO ARE NOT RELATED TO YOU)				
NAME	ADDRESS	BUSINESS/RELATIONSHIP	YEARS AQUAINTED	TELEPHONE #

PHYSICAL RECORD			
DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? PLEASE DESCRIBE:			
IN CASE OF EMERGENCY, NOTIFY:	NAME	ADDRESS	PHONE #

"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 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS AT WILL FOR NO DEFINITE TIME PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_