



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE / AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME: (LAST)	(FIRST)	(MI)	
ADDRESS:	CITY:	STATE:	ZIP CODE:
CONTACT NUMBERS:	(HOME)	(CELL)	
Email:			

DESIRED EMPLOYMENT

POSITION:	DATE YOU CAN START:	SALARY DESIRED:	
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME SHIFT PREFERENCE: <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> OVERNIGHTS			
ARE YOU EMPLOYED NOW?	<input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED TO POWERFULL?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER WORKED FOR POWERFULL?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHO WAS SUPERVISOR? _____			
REASON FOR LEAVING: _____			
HOW WERE YOU REFERRED TO POWERFULL?			
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> AD AT SCHOOL	<input type="checkbox"/> NEWSPAPER AD
<input type="checkbox"/> FRIEND	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> OTHER

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YRS. ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED	TYPE OF DEGREE
GRAMMAR:	_____				
HIGH SCHOOL:	_____				
COLLEGE:	_____				
BUSINESS/TRADE SCHOOL:	_____				
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK, SPECIAL ACCOMPLISHMENTS, AWARDS, ETC.:					
SPECIAL TRAINING AND/OR SKILLS:					

EMPLOYMENT HISTORY

Return completed application to: Powerfull Group Human Resources Department
5316 Venice Blvd. L.A., C.A. 90019



(LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE.)

1) CURRENT OR LAST EMPLOYER:

ADDRESS: CITY: STATE: ZIP CODE:

JOB TITLE: DATES EMPLOYED:

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME OF SUPERVISOR: TITLE: PHONE:

DESCRIPTION OF WORK:

REASON FOR LEAVING:

2) PREVIOUS EMPLOYER:

ADDRESS: CITY: STATE: ZIP CODE:

JOB TITLE: DATES EMPLOYED:

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME OF SUPERVISOR: TITLE: PHONE:

DESCRIPTION OF WORK:

REASON FOR LEAVING:

3) PREVIOUS EMPLOYER:

ADDRESS: CITY: STATE: ZIP CODE:

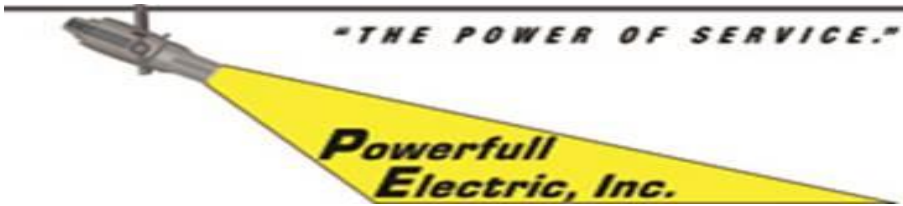
JOB TITLE: DATES EMPLOYED:

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME OF SUPERVISOR: TITLE: PHONE:

DESCRIPTION OF WORK:

REASON FOR LEAVING:



REFERENCES

(LIST THREE PEOPLE TO WHOM YOU ARE NOT RELATED AND HAVE KNOWN FOR AT LEAST ONE YEAR.)

	NAME	ADDRESS	PHONE #	YEARS KNOWN	RELATIONSHIP
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

BACKGROUND INFORMATION

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?	___ YES	___ NO
DO YOU HAVE A VALID DRIVER'S LICENSE AND A GOOD DRIVING RECORD?	___ YES	___ NO
ARE YOU WILLING TO SUBMIT TO A PRE EMPLOYMENT DRUG SCREEN?	___ YES	___ NO

AUTHORIZATION

THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE, INCOMPLETE OR MISREPRESENTED INFORMATION OF ANY KIND, WILL BE SUFFICIENT CAUSE FOR MY APPLICATION TO BE REJECTED OR, IF DISCOVERED AFTER I AM EMPLOYED, CAUSE FOR IMMEDIATE TERMINATION OF MY EMPLOYMENT.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND 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 UNDERSTAND THIS APPLICATION IS NOT AN EMPLOYMENT AGREEMENT. IF I ACCEPT AN OFFER OF EMPLOYMENT, I UNDERSTAND I MAY RESIGN AT ANY TIME, AND THE EMPLOYER MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, UNLESS REQUIRED BY LAW. I UNDERSTAND THAT NO ONE, OTHER THAN AN EXECUTIVE OFFICER OF THE EMPLOYER, HAS AUTHORITY TO ENTER INTO ANY EMPLOYMENT AGREEMENT WITH TERMS CONTRARY TO THE FOREGOING AND THEN ONLY IN WRITING SIGNED BY SUCH OFFICER.

SIGNATURE DATE



POWERFULL GROUP is a tobacco-free, drug -free employer.