



Application for Employment

Pre-employment Questionnaire

Kozak Beverages is an equal opportunity employer

Applicant Information (please print legibly) 1

Name: _____ Date: _____
Last First Middle mm / dd / yyyy

Address: _____
Street / Apartment # City State Zip

Tel. # (Day): _____ Tel. # (Evening): _____ SSN #: _____
123-123-1234 123-123-1234 123-12-1234

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status?: Yes No Are you 18 years or older?: Yes No

Employment Desired (please print legibly) 2

Position: _____ Date You Can Start: _____ Salary Desired: _____
mm / dd / yyyy

Are you currently employed: Yes No If so may we contact your current employer?: Yes No

Have you ever applied to Kozak Beverages, Inc. before?: Yes No If so when?: _____
mm / dd / yyyy

Referred By: _____

For Employer Use Only

Remarks: _____

Education (please print legibly) 3

Education	Name & Location	Years Attended & Credit Hours Earned	Major(s)	Did You Graduate?
High School	Name: _____	Years Attended: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
	City/State: _____			
College/University	Name: _____	Years Attended: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
	City/State: _____	Credit Hours Earned: _____		
Trade, Business or Correspondence School	Name: _____	Years Attended: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
	City/State: _____	Credit Hours Earned: _____		

General (please print legibly) 4

Training / Certifications / Skills: _____

U.S. Military or Naval Service:
 Army Navy
 Marines Air Force Rank: _____

Present Membership in National Guard or Reserves?: Yes No

(Application Continues On Other Side)

Work Experience (please print legibly) * List below your last three employers, starting with the most recent and working your way down.

5

Date (mm / yyyy)	Name & Location	Salary	Position	Reasons For Leaving
From:	Name:			
To:	City/State:			
From:	Name:			
To:	City/State:			
From:	Name:			
To:	City/State:			

References (please print legibly) * List the names of three persons not related to you, whom you have known at least one year.

6

Name	Business	Telephone #	Years Acquainted

Emergency Contact (please print legibly)

7

In case of emergency please notify the person below:

Name: _____
Last FirstAddress: _____
Street / Apartment # City State Zip

Tel. # (Day): _____ Tel. # (Evening): _____

Application Agreement

8

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, regulations, and policies, and 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 option. 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 Agree: I Disagree: Date: _____
mm / dd / yyyy**Employer Use Only****Employer Use Only****Employer Use Only****Employer Use Only****Employer Use Only**Interviewed By: _____ Date: _____
mm / dd / yyyy

Rate: 1=Poor 2=Average 3=Good

Neatness: 1 2 3Ability: 1 2 3

Remarks: _____

Hired?: Yes No Position: _____ Dept.: _____ Salary/Wage: _____Date Reporting For Work: _____ Approved: _____ Approved: _____
mm / dd / yyyy Department Head President/Vice-President