



4990 Paris St
 Denver, CO 80239
 303-744-2744

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire

Date _____

PERSONAL INFORMATION

NAME
 LAST FIRST MIDDLE (INITIAL)

ADDRESS
 STREET CITY STATE ZIP

PHONE (OTHER) EMAIL ADDRESS

ARE YOU 18 YEARS OR OLDER? YES NO REFERRED BY:

EMPLOYMENT OPPORTUNITY

POSITION APPLYING FOR:		DATE YOU CAN START:		SALARY DESRED:	
ARE YOU EMPLOYED NOW?	YES NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES NO	EVER APPLIED WITH TROPAQUATICS BEFORE?	YES NO
WILL ACCEPT EMPLOYMENT FOR:	PT FT TEMP	ARE YOU ABLE TO PERFORM TO ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR?	YES NO	ARE YOU LEGALLY ENTITLED TO WORK IN THE US?	YES NO

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	LAST SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

LIST SPECIFIC SKILLS LEARNED FROM FROM ANY PREVIOUS POSITION:

EDUCATION HISTORY

NAME & LOCATION	DATES ATTENDED MONTH/YEAR	GRADUATE	DEGREE & YEAR	MAJOR OR SUBJECT
HIGH SCHOOL	FROM:	YES		
	TO:	NO		
COLLEGE/VOCATIONAL	FROM:	YES		
	TO:	NO		

LICENSE, CERTIFICATES, REGISTRATIONS OR SPECIAL SKILLS (LIST ALL)

DO YOU SMOKE TOBACCO OR MARIJUANA?	YES	NO	HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES	NO	IF YES, PLEASE EXPLAIN
						CONVICTION OR
						CIRCUMSTANCES

REFERENCES (NAMES OF PERSONS NOT RELATED TO YOU THAT YOU'VE KNOW AT LEAST 1 YEAR)

NAME	ADDRESS	PHONE	HOW AQUAINTED	YEARS KNOWN

EMERGENCY NOTIFICATION

INCASE OF EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMTION, OMMISSIONS, 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 RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE OR NOTICE, EITHER MY OR THE COMPANIES OPTION.

DATE _____ SIGNATURE _____

INTERVIEWER'S COMMENT

INTERVIEWED BY: _____ DATE INTERVIEWED: _____