

MURPH'S GASLIGHTSM APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire - Murph's Gaslight is an Equal Opportunity Employer

Date _____

Personal Information			
NAME (Last Name First)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY		

Position Desired			
POSITION	DATE YOU CAN START WORK	SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN	

Educational / Military History and Foreign Language Skills			
GRAMMER SCHOOL	YEARS ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL	YEARS ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/UNIVERSITY	YEARS ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	YEARS ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE MAJOR OR SPECIAL TRAINING/SKILLS	CAN YOU SPEAK AND/OR READ AND WRITE IN A FOREIGN LANGUAGE? <input type="checkbox"/> SPEAK <input type="checkbox"/> READ/WRITE		
U.S. MILITARY SERVICE BRANCH	RANK/SPECIALITY		

Employment History (List your last four employers, starting with the most recent first)				
DATES OF EMPLOYMENT FROM	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO				
FROM	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO				
FROM	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO				
FROM	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO				

References (Please provide three persons, not related to you, whom have know you as least one year.)

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

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 authorize 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 and otherwise, and release Murph's Gaslight, LP, ("the Company") and its representatives 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 arrangement contrary to the foregoing, unless it is in writing and signed by an authorized representative of the Company.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act ("ADA") and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

Interviewer's Notes

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1 _____ 2 _____ 3 _____
 INTERVIEWING MANAGER DEPARTMENT HEAD GENERAL MANAGER