



INSTRUCTIONS

- Print
- Fill in your applicable information
- Mail or fax the completed form

**PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER**

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME, FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANT ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE
PHONE NUMBER ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY/WAGE DESIRED	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER APPLIED TO TOTAL HOCKEY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST

DATE MONTH & YEAR	EMPLOYER NAME & CONTACT INFO.	SALARY/WAGE	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	BUSINESS/RELATIONSHIP	ADDRESS	PHONE	YEARS KNOWN
			()	
			()	
			()	

AVAILABILITY

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Earliest time Available to Work</i> Circle am or pm	: am/pm	: am/pm	: am/pm	: am/pm	: am/pm	: am/pm	: am/pm
<i>Latest time Available to work</i> Circle am or pm	: am/pm	: am/pm	: am/pm	: am/pm	: am/pm	: am/pm	: am/pm

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 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 or otherwise, and release the company 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 agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

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-----

REMARKS

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

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

Chesterfield	Kirkwood	St. Peters	Summit Center	Downers Grove	Schaumburg
254 THF Blvd. Chesterfield, MO 63005	1237 S. Kirkwood Rd. Kirkwood, MO 63122	5833 Suemandy Dr. St. Peters, MO 63376	16581 N. Outer 40 Dr. Chesterfield, MO 63005	1230 W. 75th St. Downers Grove, IL 60516	170 Barrington Rd. Schaumburg, IL 60194
(P) 636.537.4882 (F) 636.537.4827	(P) 314.835.9131 (F) 314.835.9125	(P) 636.397.6370 (F) 636.397.5145	(P) 636.536.3640 (F) 636.537.4827	(P) 630.322.9850 (F) 630.322.9855	(P) 847.798.9820 (F) 847.798.9821