

SA ZA APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME: _____ DATE: _____
 SOCIAL SECURITY #: _____

LAST FIRST MIDDLE

PRESENT ADDRESS: _____

STREET CITY STATE ZIP

PERMANENT ADDRESS: _____

STREET CITY STATE ZIP

PHONE NO.: _____ ARE YOU 21 YEARS OR OLDER YES ___ NO ___

EMPLOYMENT

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ___ Y / ___ N

EVER APPLIED TO OR WORKED FOR SAZA LLC. BEFORE? WHERE? WHEN?

DO YOU HAVE RELIABLE TRANSPORATION TO WORK? ___ Y / ___ N

IF HIRED, CAN YOU SUBMIT DOCUMENTS TO PROVE YOUR LEGAL RIGHT TO WORK IN THE U.S.? ___ Y / ___ N

ARE YOU ABLE TO WORK HOLIDAYS? ___ Y / ___ N

ARE YOU ABLE TO WORK FLEXIBLE HOURS? ___ Y / ___ N

SAZA LLC. HAS A ZERO DRUG USE POLICY. WILL YOU COMPLY? ___ Y / ___ N

SAZA LLC. HAS A NO SMOKING ON DUTY POLICY. WILL YOU COMPLY? ___ Y / ___ N

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ___ Y / ___ N

IF YES, PLEASE EXPLAIN: _____ DATE _____

EMPLOYMENT DESIRED	SHIFTS AVAILABLE: <i>(Please Check)</i>	MON	TUE	WED	THUR	FRI	SAT	SUN
FULL TIME _____		_____	_____	_____	_____	_____	_____	_____
PART TIME _____		_____	_____	_____	_____	_____	_____	_____

PHYSICAL RECORD DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR

WHICH YOU ARE BEING CONSIDERED? ___ Y / ___ N

IF YES, WHAT CAN BE DONE TO ASSIST YOU WITH YOUR LIMITATION? _____

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

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

U.S. MILITARY
OR
NAVAL SERVICE:

RANK:

PRESENT MEMBERSHIP
IN NATIONAL GUARD
OR RESERVES

	CURRENT OR RECENT EMPLOYER	PREVIOUS EMPLOYER	PREVIOUS EMPLOYER
NAME OF EMPLOYER			
ADDRESS			
PHONE #			
MAY WE CONTACT?	___ Y / ___ N	___ Y / ___ N	___ Y / ___ N
LENGTH OF EMPLOYMENT	From: To:	From: To:	From: To:
POSITION HELD			
HOURLY RATE OR SALARY RATE			
AVERAGE WEEKLY HOURS WORKED			
REASON FOR LEAVING			
SUPERVISOR'S NAME			

**** You may omit any information indicating legally protected characteristics.**

I understand that false, misleading, or omitted information in my application or interview may result in termination.

Signature:

Date:

Emergency Contact Information

Name:

Phone: _____