## ASE Feed & Supply Application for Employment (Pre –employment questionnaire) (An Equal Opportunity Employer)

APPLICANTS SUBJECT TO DRUG SCREENING/PHYSICAL FITNESS EVALUATION PERSONAL INFORMATION Date:								
Name			Social Securi	Social Security #:				
Last	First	Middle	300101 000011					
Present Address								
Street		City	State	Zip				
Permanent Address								
	Street	City	State	Zip				
Phone Number (Home) (Cel		) Ar	e you 18 years or olde	r? (Circle) YES NO				
Are you prevented fr (Circle)	om lawfully becoming	employed in this cou	ntry because of visa or	immigration status?				
		Yes	No					
EMPLOYMENT DESIR	RED							
Position:		Date you can start :	Salary de	Salary desired:				
Are you employed cu	urrently?	Who is your present	t employer?					
Have you ever applie	ed to ASE Feed & Suppl	lv?	When?					
Trave you ever appric	.a to 7.32 / eea & 3app.	,,,	vviicii.					
Referred by:								
EDUCATION	NAME/LOCATION OF SCHOOL	NUMBER YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED				
High School								
College								
Trade/business/ correspondence school								

Special skills:									
Activities: (Civic, athletic, ect.)									
Exclude organizations,	the name of which indicates the rad	ce, creed,	sex, a	ge, marital status, co	lor or nation of origin of its me	embers			
U.S. Military or Naval Service :				Rank:					
Present member	ship in national guard or re	serves:							
Are you certified to drive a forklift? (Circle)				YES	NO				
Do you have a Commercial Driver's License? (Circle			e)	YES	NO				
Can you lift a minimum of 50 pounds? (Circle)				YES	NO				
Would you be wi	lling to take a pre-employn	nent dr	ug te	st? YES	NO				
FORMER EMPLO				Γ	1	1			
Date (Month/Year)	Name/Address of employer	Salary		Position	Reason for leaving	Phone Number			
	employer	<u> </u>				Number			
From: To:									
From: To:									
From:									
To:									
<b>REFERENCES:</b> Give the names of three people not related to you, whom you have known at least one year.									
Name Address		Phone Number		Business	Years Known				
Incase of emerge	ency notify:								
Name	lame Address Phone Number								
"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 any time. In consideration of my employment, I agree to conform to ASE's rules & regulations, and I 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 ASE'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 ASE. I understand that no company representative, other than Ken Jewell, and then only when in writing and signed by Ken, 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."									
Date:	Signature								

**GENERAL**