



APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire

Light Sport America is a drug-free, tobacco-free company.

Personal Information

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____ Nickname: _____

Current Address: _____ City: _____ ST: _____ Zip Code: _____
Street

Permanent Address: _____ City: _____ ST: _____ Zip Code: _____
Street

Phone No: _____ Cell: _____ Referred by: _____

Social Security #: _____ U.S. Citizen? YES NO Are you legally authorized to work in the U.S.? YES NO

Birthplace: _____ City _____ ST _____ Country _____ Do you require a work Visa YES NO

Employment Desired

Position: _____ Date you can start? _____ Salary Desired: _____/_____

Are you employed now? YES NO May we contact your present employer? YES NO

How did you hear about us? Employment Agency State Employment Office Newspaper Friend Company employee Walk in
 Company Employee (Who? _____), Website: www. _____ Other: _____

Educational History

	Name & Location of School	Years Attended	Did You Graduate?	Degree/Major
High School				
Community College				
College				
Trade School				
Other Training				

Special Studies/Research Work:

Special Training, Certifications, Licenses

Are you a pilot? Ratings: _____ Total Hours: _____ Current? YES NO

Military Service

Military Service? YES NO Branch Service? _____ From _____ To: _____

Type of Discharge: _____ Specialty: _____ Highest Rank: _____

Optional Information (These questions are optional and employment is not conditioned on answering them. They are only for the company's use.)

Birth Date: _____ Height: Ft _____ In _____ Weight: _____ No. of Children _____
Mo Day Year Do children require day care? YES NO

Personal Status: Single Married Divorced Widowed Other _____ Any physical limitations: _____

Have you ever been convicted of a Felony Misdemeanor (other than minor traffic violations) within the last 5 years? YES NO
 Note: You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you are being considered.

Employment History (List last three employers, starting with the most recent).

Present or Last Employer: _____ City: _____ ST: _____

Job Title: _____ Start Date: _____ Leaving Date: _____

Starting Date: ___/___/_____ Leaving Date: ___/___/_____

Starting Salary: _\$ _____/_____ Leaving Salary: _\$ _____/_____ May we contact your boss? YES NO

Boss's Name: _____ Title: _____ Phone: _____

Describe your work:

What did you like most about your job?

What did you like least about your job?

Reason for leaving:

Present or Last Employer: _____ City: _____ ST: _____

Job Title: _____ Start Date: _____ Leaving Date: _____

Starting Date: ___/___/_____ Leaving Date: ___/___/_____

Starting Salary: _\$ _____/_____ Leaving Salary: _\$ _____/_____ May we contact your boss? YES NO

Boss's Name: _____ Title: _____ Phone: _____

Describe your work:

What did you like most about your job?

What did you like least about your job?

Reason for leaving:

Present or Last Employer: _____ City: _____ ST: _____

Job Title: _____ Start Date: _____ Leaving Date: _____

Starting Date: ___/___/_____ Leaving Date: ___/___/_____

Starting Salary: _\$ _____/_____ Leaving Salary: _\$ _____/_____ May we contact your boss? YES NO

Boss's Name: _____ Title: _____ Phone: _____

Describe your work:

What did you like most about your job?

What did you like least about your job?

Reason for leaving:

I certify that the above is true and complete to the best of my knowledge and understand that, if employed, falsified statements on this Application will result in immediate termination. I hereby give the Company permission to contact employers listed above and release the Company from all liability for any damage that may result from use of such information in regards to employment. I understand that if I'm offered employment, I will be employed "at will" and that any offer of employment must be signed by an authorized Company representative. This waiver does not permit the release or use of disability-related or medical information in any manner prohibited by the Americans with Disabilities Act (ADA) or other relevant federal and state laws. I understand and agree that I will be subject to random drug tests.

Date: _____ Signature: _____