

E.M.B ELECTRICAL INC.
P.O. BOX 23665 BARRIGADA GUAM 96921

TEL. (671) 632-9620 / (671) 689-9828 Fax 646-9621 (emb@guam.net)

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

Date: _____
Social Security: _____

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone Number: _____ Are you 18 or older? Yes € No €

Are you either a U.S. or an Alien authorized to work in the United States?

EMPLOYMENT DESIRED

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

Are you employed now? _____ If so, may you enquire of your present employer? _____

Ever applied to this company before? _____ Where? _____ When? _____

Referred by: _____

Education	Name & Location of School	No. of years	Did you graduate?	Subject Studied
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Grammar School: _____

High School: _____

College: _____

Trade, Business or _____

Corr. School: _____

GENERAL

Subjects of Special Study or Research Work: _____

Special Skills: _____

Activities: (Civic, Athletic, Etc.) _____

Excluding Organizations: The names of which indicated race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. Military or Present Memberships in

Naval Service _____ Rank _____ National Guard or Reserves _____

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Former Employers (List below latest three Employers, starting with the last one first)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for leaving
From: _____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____
From: _____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____
From: _____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____
From: _____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____

Which of these jobs did you like the best? _____
 What did you like the most about this job? _____

REFERENCES: Give the names of the three people not related to you, whom you have known at least one year.

Names	Address	Business	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of Birth: _____
 In case of Emergency, please Notify: _____
 Name Address Phone No.

"I certify that the facts contain in this application are true and complete to the best of my knowledge and understand if employed, falsified statements on this application shall be grounds for dismissal. I authorized investigation on all statements contained herein and the references listed above to give you any and all information concerning my previous employment, and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.
 I understand and agree, if hired, my employment is for no definite period and may, regardless of the date payment of my wages and salary, be terminated at any time without prior notice and without cause."

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____
 Remarks: _____

Neatness: _____ Ability: _____
 Hired: Yes € No € Position: _____ Dept. _____
 Salary / Wage _____ Date Report to Work: _____

Approved 1) _____ 2) _____ 3) _____
 Employment Manager General Manager President