

Application for Employment

Pre-Employment Questionnaire An Equal Opportunity Employer

Personal Information

Name	Date	Social Security Number	
Last	First	Middle	

Present Address			
Street	City	State	Zip

Permanent Address			
Street	City	State	Zip

Phone Number	Are you 18 years or older?
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Are you prevented from lawfully becoming employed in the country because of VISA or Immigration status?

Employment Desired

Position	Date you can start	Salary Desired
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Are you currently employed?	If yes, may we inquire of your present employer?
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Have you applied to Sonitrol Pacific before?	Where?	When?
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Referred by

Education	Name and Location of School	Number of years attended	Did you graduate?	Subjects studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

General

Subjects of special study or research work

Special Skills

Activities (civic, athletic, etc.)

Exclude organizations, the name of which indicates race, creed, sex, age, marital status, color or nation of origin and its members

U.S. Military or Naval Service	Rank	Present Membership in National Guard or Reserves
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Former Employers (List below last four 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 best?

What did you like most about this job?

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

	Name	Address	Business	Years Acquainted
1				
2				
3				

In case of emergency notify

	Name	Address	Phone number
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Link to attach resume or CV

"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 at any time. In consideration of my employment, I agree to conform to Sonitrol Pacific's rules and 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 Sonitrol Pacific'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 the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, 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 _____