



SHO GUN APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Personal Information

Date _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	CELL PHONE NO.		REFERRED BY

Employment Desired

POSITION	DATE YOU CAN START	DALARY DESIRED
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE INQUIRED OF YOU PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
EVER APPLIED TO SHOGUN BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE	WHEN

Education History

	NAME & LOCATION OF SCHOOL	YEAR ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE,BUSINESS CORRESPONDENCE SCHOOL.				

Former Employers (LIST BELOW LAST TWO EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement on this application shall be grounds for dismissed. I authorize investigation of all statements contained herein and the refernces and employers listed above to give you any and all information concening my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representation of the company has any authority to enter into any agreement for employment for any specified period of tiome, or to make any agreement contrary to the forgoing unless it is in writing and signed by an authorized company representative.

SIGNATURE

DATE