



Andresen-Ryan coffee co.
2206 Winter Street
Superior WI 54880
Phone 1-715-392-4771 or 1-800-283-2726
Fax 1-715-392-4776 Email: ruby@arcocoffee.com

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME _____ SOCIAL SECURITY _____
LAST FIRST MIDDLE NUMBER

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____ ARE YOU 18 YEARS OR OLDER YES NO
(circle one)

CELL NUMBER _____

EMAIL ADDRESS _____

SPECIAL QUESTIONS

DO NOT answer any of the questions in this framed area unless the employer has checked a box preceding a question thereby indicating that the information is required for a bona fide occupational qualification or dictated by National Security Laws or is needed for other legally permissible reasons.

☐ Height _____ feet _____ inches ☐ Are you prevented from lawfully becoming employed in the U.S.? ____YES ____NO

☐ Weight _____ lbs ☐ DATE OF BIRTH * _____

☐ What Foreign Languages do you speak fluently? _____ Read _____ Write _____

☐ Have you been convicted of a felony or misdemeanor within the last 5 years? ____YES ____NO **
Describe: _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination ... with respect to individuals who are at least 40 but less than 70 years of age.

**You will not be denied employment because of a conviction record unless the offense is related to the job for which you have applied.

EMPLOYMENT DESIRED DATE YOU SALARY
POSITION _____ CAN START _____ DESIRED _____

ARE YOU EMPLOYED NOW? _____ MAY WE INQUIRE OF YOUR PRESENT EMPLOYER ?
☐ YES ☐ NO

EVER APPLIED TO THIS ARCO BEFORE ? _____ WHEN? _____ WHAT IS THE BEST TIME ? _____

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED*	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	_____	_____	_____	_____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 less than 70 years of age.

GENERAL
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

US Military or Reserve Status	Rank	Present membership in National Guard or Reserves
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WORK HISTORY

	PRESENT OR LAST POSITION	NEXT TO LAST POSITION	2ND TO LAST POSITION
DATES EMPLOYED	FROM: TO:	FROM: TO:	FROM: TO:
COMPANY NAME			
NAME & TITLE OF SUPERVISOR			
PHONE NUMBERS :			
COMPANY			
SUPERVISOR			
BASE YEARLY EARNINGS :			
STARTING			
CURRENT			
ADDITIONAL YEARLY EARNINGS :			
BONUS			
COMMISSION			
TOTAL YEARLY EARNINGS :			
STARTING			
CURRENT			
COMPANY CAR	CAR ? YES NO	CAR ? YES NO	CAR ? YES NO
EXPENSES	EXPENSES ? YES NO	EXPENSES ? YES NO	EXPENSES ? YES NO
NIGHTS AWAY	PER MONTH	PER MONTH	PER MONTH
YOUR TITLE			
TYPE OF INDUSTRY			
EXACT DUTIES YOU PERFORMED			

ARE YOU AVAILABLE TO WORK

FULL TIME	
PART TIME	

HOURS AVAILABLE TO WORK

MON:	TUES:	WED:	THURS:	FRI:	SAT
FROM: TO:	FROM: TO:	FROM: TO:	FROM: TO:	FROM: TO:	FROM: TO:

TOTAL HOURS AVAILABLE TO WORK EACH WEEK

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FAVORITE KIND/BRAND OF COFFEE

CHECK APPROPRIATE

OWN HOME

RENT

BOARD

OF YEARS AT PRESENT RESIDENCE

HOW DID YOU HEAR OF US

NEWSPAPER

PLACEMENT OFFICE

JOB SERVICE

PHONE BOOK

REFERRED BY

OTHER, SPECIFY

DESIRED GEOGRAPHICAL LOCATION:

OPEN

OTHER

--

I WILL RELOCATE

IMMEDIATELY

NO

--

I WILL RELOCATE LATER, IF NECESSARY

WHEN

NUMBER OF MONTHS AFTER HIRE DATE

--

--

EDUCATION DEGREES I HAVE EARNED

--

I HAVE EARNED THE TITLE

--

Friends or relatives employed by ARCO Coffee

--

List hobbies, activities, or interests

--

--

--

REFERENCES:

Give the names of three persons not related to you who have known you for at least one year

NAME

ADDRESS

PHONE

BUSINESS

POSITION

YEARS

ACQUAINTED

1.

--

--

--

2.

--

--

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3.

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--

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PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing the work for which you are being considered? ____YES____NO

PLEASE DESCRIBE _____

IN CASE OF EMERGENCY

NOTIFY _____

NAME

ADDRESS

PHONE NO.

"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 STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF 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 PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE _____

SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____

DATE _____

☐ YES

HIRED

NO

☐

POSITION _____

DEPARTMENT _____

SALARY/WAGE _____

DATE REPORTING FOR WORK _____

APPROVED 1. _____

Employment Manager

2. _____

Department Head

3. _____

General Manager

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