



22 Main Street, Saint Albans, VT, 05478 TEL: (802) 524-2244
 4 Carmichael Street, Suite 110, Essex Jct. VT, 05452 TEL: (802) 288-9494

Application for Employment

Pre-Employment Questionnaire

Mimmo's is an Equal Opportunity Employer

Personal Information

Name (last name first)		Social Security Number	
Present Address		City	State Zip Code
Permanent Address (leave blank if same as above)		City	State Zip Code
Phone ()	Referred by	Date of Birth / /	

Employment Desired

Position	Date you can start / /	Salary desired \$
Are you employed <input type="checkbox"/> yes <input type="checkbox"/> no	If so, may we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever applied at Mimmo's before <input type="checkbox"/> yes <input type="checkbox"/> no		

Education History

Name and location of school	Years attended	Did you graduate?	Subjects studied
High school			
College			
Trade, Business or Correspondence School			

General Information (Tell us about your experience relevant to the job you are applying for)

Subjects of special study/research	
Work on special training skills	
U.S. Military or Naval service	Rank

Former Employers (List below last five employers, starting with the most recent one first.)

Date Month & Year	Name & address of employer	Phone	Salary	Position	Reason for Leaving
From To		()	\$		
From To		()	\$		
From To		()	\$		
From To		()	\$		
From To		()	\$		

References (Give below the names of three persons not related to you, whom you have known for at least one year.)

Name	Adress	Business	Phone	Years known
			()	
			()	
			()	

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 statements on this application shall be grounds for dismissal.

I authorize investigation of all the statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.

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

This waiver does not permit the release of use of disability-related or medical in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

Neatness		Character		
Personality		Ability		
Hired	For Department	Position	Will Report	Salary/wages

Approved by: _____