



# Lo-Q INC APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
LO-Q INC IS AN EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

TODAY'S DATE \_\_\_\_\_

NAME (LAST, FIRST, MI)		SOCIAL SECURITY NUMBER	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
CURRENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	OTHER PHONE	REFERRED BY	

## EMPLOYMENT DESIRED

POSITION	SALARY DESIRED	DATE YOU CAN START
SHIFT DESIRED (IT MAY NOT BE POSSIBLE TO ACCOMMODATE A SPECIFIC SHIFT) DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> SWING <input type="checkbox"/> ANY <input type="checkbox"/>		ARE SPECIFIC DAYS OFF REQUIRED? NO <input type="checkbox"/> YES <input type="checkbox"/> (IF YES, LIST) _____
HAVE YOU EVER WORKED FOR ANY LO-Q COMPANY OR SIX FLAGS BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHEN?	POSITION LAST HELD?
HAVE YOU EVER APPLIED TO LO-Q BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?	WHEN?
ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

## EDUCATIONAL HISTORY

	NAME & LOCATION OF SCHOOL	# YEARS	DID YOU GRADUATE?	AREA OF STUDY/DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE OR TECHNICAL SCHOOL				

## FORMER EMPLOYMENT

DATE (MM/YY)	NAME & ADDRESS OF EMPLOYER	POSITION LAST HELD	SALARY	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON BACK

**REFERENCES**

LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

**OTHER INFORMATION**

SPECIAL SKILLS/TRAINING		
U.S. MILITARY SERVICE	DATES	RANK AT SEPARATION
HAVE YOU EVER BEEN ARRESTED FOR A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE(S)	OFFENSE(S)

**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, FALSE STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.  
I AUTHORIZE LO-Q AND ITS AGENTS TO INVESTIGATE ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS 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 THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM 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 CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.  
THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**INTERVIEWER'S NOTES**

INTERVIEWER				DATE
				NEATNESS
				CHARACTER
				ABILITY
HIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	POSITION	RATE	TRAINING DATE	PERSONALITY