

DRUG FREE WORKPLACE

"WELCOME TO BILL JACKSON'S.  
YOUR ADVENTURE STARTS HERE."



PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

INTERVIEWED BY: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_

### Application For Employment

#### Applicant Information

Full Name: \_\_\_\_\_  
Last ↑ First ↑ Middle ↑ Name You Would Like To Be Called ↑

Present Address: \_\_\_\_\_  
Street Address ↑ Apartment/Unit # ↑

City \_\_\_\_\_ State ↑ ZIP Code ↑

Permanent Address: \_\_\_\_\_  
Street Address ↑ Apartment/Unit # ↑

City \_\_\_\_\_ State ↑ ZIP Code ↑

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever applied to Bill Jackson Inc. before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		

#### Availability To Bill Jackson Customers

Can you work some evenings? YES NO <input type="checkbox"/> <input type="checkbox"/>	Is there any time you cannot work? YES NO <input type="checkbox"/> <input type="checkbox"/>
Can you work weekends? YES NO <input type="checkbox"/> <input type="checkbox"/>	If "Yes" please outline the hours you cannot work: _____ _____
Do you like to sell? YES NO <input type="checkbox"/> <input type="checkbox"/>	

#### Level Of Participation In Outdoor Activities (Check All That Apply To You)

	SOME TIMES	AVID	INSTRUCTOR		SOME TIMES	AVID	INSTRUCTOR
ARCHERY				FIREARMS			
BACKPACKING				HUNTING			
BLACKPOWDER				INLINE SKATING			
CAR CAMPING				KAYAKING			
CANOEING				METAL DETECTORS			
CLIMBING				SCUBA DIVING			
DAY HIKING				SNOW BOARDING			
FLY FISHING				SNOW SKIING			
FRESH WATER FISHING							
SALT WATER FISHING							

Please list any other interests: \_\_\_\_\_  
\_\_\_\_\_

CONTINUE ON TO REVERSE SIDE

**Application For Employment  
(Continued)**



**Education**

High School:			City/State:		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:			City/State:		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:			City/State:		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

**Previous Employment**

Company:			Phone: ( )		
Address:			Supervisor:		
Job Title:		Starting Salary: \$		Ending Salary: \$	
From:	To:	Reason for Leaving:			
May we contact your previous employer for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company:			Phone: ( )		
Address:			Supervisor:		
Job Title:		Starting Salary: \$		Ending Salary: \$	
From:	To:	Reason for Leaving:			
May we contact your previous employer for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company:			Phone: ( )		
Address:			Supervisor:		
Job Title:		Starting Salary: \$		Ending Salary: \$	
From:	To:	Reason for Leaving:			
May we contact your previous employer for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature:	Date:
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