

Application For Employment

Pre-employment Questionnaire
An Equal Opportunity Employer

4/14/2009

You may request any needed accommodation to participate in the application or hiring process

Old Abe's Old Time Portraits

608-254-2343 or 608-254-5663

Operated by DKZ Enterprises LLC.

217 Broadway, P.O. Box 750, Wisconsin Dells, WI 53965

Personal Information

(Print) Full Name

First

Middle

Last

Present Address

Number & Street

P.O. Box

City

State

Zip

Phone Number

()

-

-

eMail

Are you 18 years or older?

☐

Yes

☐

No

If not, what is your birth date?

Do you have a legal right to work in the U.S.?

☐

Yes

☐

No

Social Security #

☐

Yes

☐

No

Are you aware of any reason that you cannot perform essential functions of the job with or without reasonable

accommodation?

☐

Yes

☐

No

If so, specify:

Have you ever worked for Bennett Organization, Inc. or DKZ Enterprises, LLC. before?

☐

Yes

☐

No

If yes, dates and store name:

Availability

☐

Full Time (40 hrs / week)

Date you could start

☐

Part Time (Less than 40 hrs / week)

Do you have a dependable way to get to work?

Please explain:

If part time, indicate hours/days available below:

Available Monday thru Sunday?

☐

Yes

☐

No

If no, explain

Available ALL Shifts

☐

Yes

☐

No

If no, explain

Our hours vary from week to week, and occasionally, you may be asked to stay late, leave early, or come in on your day off.

What problems do you foresee with this?

What prompted you to apply to us?

☐

Referred by:

☐

Job Service

☐

Newspaper ad

☐

Window Sign

☐

Other

Education			
High School _____	Yrs Attended _____	Did you graduate _____	
College _____	Yrs Attended _____	Did you graduate _____	
Trade/Technical _____	Yrs Attended _____	Did you graduate _____	
Subjects Studied _____			
Other training _____			

Work History			
Company _____		From _____	Month Year
Address _____		To _____	Month Year
City/State _____	Phone _____		
Position _____	Salary: _____	Supervisor _____	
List of duties: _____			
Reason for leaving _____			
Company _____		From _____	Month Year
Address _____		To _____	Month Year
City/State _____	Phone _____		
Position _____	Salary: _____	Supervisor _____	
List of duties: _____			
Reason for leaving _____			
Company _____		From _____	Month Year
Address _____		To _____	Month Year
City/State _____	Phone _____		
Position _____	Salary: _____	Supervisor _____	
List of duties: _____			
Reason for leaving _____			

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 MAY 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, 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 PRIOR NOTICE AND WITHOUT CAUSE. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGN BY A CORPORATE OFFICER.

Signature _____ Date _____