

# MAGERS AND QUINN BOOKSELLERS

## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

DATE

|                                           |                               |                                     |                                  |
|-------------------------------------------|-------------------------------|-------------------------------------|----------------------------------|
| NAME<br><input type="text"/>              |                               |                                     |                                  |
| PRESENT ADDRESS<br><input type="text"/>   | CITY<br><input type="text"/>  | STATE<br><input type="text"/>       | ZIP CODE<br><input type="text"/> |
| PERMANENT ADDRESS<br><input type="text"/> | CITY<br><input type="text"/>  | STATE<br><input type="text"/>       | ZIP CODE<br><input type="text"/> |
| PHONE NO.<br><input type="text"/>         | EMAIL<br><input type="text"/> | REFERRED BY<br><input type="text"/> |                                  |

### EMPLOYMENT DESIRED

|                                                                            |                                                                             |                                        |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------|
| POSITION<br><input type="text"/>                                           | DATE YOU CAN START<br><input type="text"/>                                  | SALARY DESIRED<br><input type="text"/> |
| EMPLOYMENT DESIRED: PT ONLY, FT ONLY, EITHER<br><input type="text"/>       | DAYS/HOURS AVAILABLE TO WORK (DAYS, EVES, WEEKENDS)<br><input type="text"/> |                                        |
| ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?<br><input type="text"/>     |                                        |
| EVER APPLIED TO THIS COMPANY BEFORE?<br><input type="text"/>               | WHERE?<br><input type="text"/>                                              | WHEN?<br><input type="text"/>          |

### EDUCATION HISTORY

|                           | NAME & LOCATION OF SCHOOL | YEARS ATTENDED       | DID YOU GRADUATE?    | SUBJECTS STUDIED     |
|---------------------------|---------------------------|----------------------|----------------------|----------------------|
| HIGH SCHOOL               | <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| COLLEGE                   | <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| TRADE, BUSINESS, OR OTHER | <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### GENERAL INFORMATION

|                                                                                                                                                  |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| IN ADDITION TO A LOVE OF BOOKS AND READING, PLEASE BRIEFLY LIST WORK OR SPECIAL TRAINING/SKILLS THAT WOULD APPLY TO WORKING AT MAGERS AND QUINN: |                      |
| <input type="text"/>                                                                                                                             |                      |
| PLEASE DESCRIBE ANY <b>CUSTOMER SERVICE</b> EXPERIENCE, TRAINING OR QUALIFICATIONS YOU HAVE:                                                     |                      |
| <input type="text"/>                                                                                                                             |                      |
| DESCRIBE YOUR INTEREST IN WORKING AT MAGERS AND QUINN AND WHAT YOU ENVISION YOURSELF DOING, IF HIRED:                                            |                      |
| <input type="text"/>                                                                                                                             |                      |
| U.S. MILITARY OR NAVAL SERVICE                                                                                                                   | <input type="text"/> |

FOR OFFICE USE ONLY (INTERVIEW DATE, NOTES, HIRE DATE, RATE, WILL REPORT DATE)

|              |
|--------------|
| <br><br><br> |
|--------------|

APPLICATION FOR EMPLOYMENT

CONTINUED ON OTHER SIDE

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

|                                                                                                                                                      |                                 |                  |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------|-----|
| NAME OF EMPLOYER, FULL ADDRESS, PHONE NUMBER                                                                                                         | NAME OF LAST SUPERVISOR         | EMPLOYMENT DATES |     |
|                                                                                                                                                      |                                 | START            | END |
|                                                                                                                                                      |                                 |                  |     |
|                                                                                                                                                      | MAY WE CONTACT THIS SUPERVISOR? |                  |     |
|                                                                                                                                                      | YOUR LAST JOB TITLE             |                  |     |
| REASON FOR LEAVING (BE SPECIFIC)                                                                                                                     |                                 |                  |     |
| LIST THE DUTIES YOU PERFORMED, SKILLS USED OR LEARNED, ANY PERSONAL OR PROFESSIONAL ACHIEVEMENTS, ANY ADVANCEMENTS WHILE YOU WORKED AT THIS COMPANY: |                                 |                  |     |
|                                                                                                                                                      |                                 |                  |     |

|                                                                                                                                                      |                                 |                  |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------|-----|
| NAME OF EMPLOYER, FULL ADDRESS, PHONE NUMBER                                                                                                         | NAME OF LAST SUPERVISOR         | EMPLOYMENT DATES |     |
|                                                                                                                                                      |                                 | START            | END |
|                                                                                                                                                      |                                 |                  |     |
|                                                                                                                                                      | MAY WE CONTACT THIS SUPERVISOR? |                  |     |
|                                                                                                                                                      | YOUR LAST JOB TITLE             |                  |     |
| REASON FOR LEAVING (BE SPECIFIC)                                                                                                                     |                                 |                  |     |
| LIST THE DUTIES YOU PERFORMED, SKILLS USED OR LEARNED, ANY PERSONAL OR PROFESSIONAL ACHIEVEMENTS, ANY ADVANCEMENTS WHILE YOU WORKED AT THIS COMPANY: |                                 |                  |     |
|                                                                                                                                                      |                                 |                  |     |

|                                                                                                                                                      |                                 |                  |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------|-----|
| NAME OF EMPLOYER, FULL ADDRESS, PHONE NUMBER                                                                                                         | NAME OF LAST SUPERVISOR         | EMPLOYMENT DATES |     |
|                                                                                                                                                      |                                 | START            | END |
|                                                                                                                                                      |                                 |                  |     |
|                                                                                                                                                      | MAY WE CONTACT THIS SUPERVISOR? |                  |     |
|                                                                                                                                                      | YOUR LAST JOB TITLE             |                  |     |
| REASON FOR LEAVING (BE SPECIFIC)                                                                                                                     |                                 |                  |     |
| LIST THE DUTIES YOU PERFORMED, SKILLS USED OR LEARNED, ANY PERSONAL OR PROFESSIONAL ACHIEVEMENTS, ANY ADVANCEMENTS WHILE YOU WORKED AT THIS COMPANY: |                                 |                  |     |
|                                                                                                                                                      |                                 |                  |     |

**ADDITIONAL REFERENCES- OPTIONAL: (LIST AT LEAST TWO THAT CAN SPEAK TO YOUR WORK EXPERIENCE, IN ADDITION TO SUPERVISORS ABOVE)**

| NAME | ADDRESS | BUSINESS | RELATIONSHIP/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 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 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."

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

THANK YOU FOR YOUR INTEREST IN MAGERS AND QUINN BOOKSELLERS