



(951) 784-2370
 3673 MERRILL AVENUE
 RIVERSIDE, CA 92506
www.VIPRIV.COM

PRE-EMPLOYMENT
 QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP CODE
PHONE	E-MAIL	REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED	ARE YOU EMPLOYED NO YES
IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? NO YES	HAVE YOU EVER APPLIED WITH VIP BEFORE? NO YES	IF SO, WHEN?	

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED/YEAR GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL		
TRADE/BUSINESS SCHOOL OR COLLEGE		

PERSONAL HISTORY

SUBJECTS OF SPECIAL STUDY/RESERCH WORK OR SPECIAL TRAINING	
U.S. MILITARY OR NAVAL SERVICE	RANK
HAVE YOU EVER BEEN COMMITED OF A CRIME GREATER THEN A BASICA TRAFFIC CITATION – IF SO EXPLAIN NO YES	

EMPLOYMENT HISTORY

DATE – MM/YYYY	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

VIP NIGHTCLUB

REFERENCES - BELOW GIVE THE NAMES OF PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS/PHONE NUMBER	BUSINESS	YEARS KNOWN

AUTHORIZATION:

Initial "I certify that the information contained in this application are true and complete to the best of my knowledge and understand that if the employed, falsified statements on this application she be ground for dismissal.

Initial 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 the company from all liability for any damage that may result from utilization of such information.

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

Initial 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 California state laws."

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE PRINT APPLICATION

DATE RECEIVED: _____ BY: _____

DATE REVIEWED: _____ BY: _____

INTERVIEW SCHEDULED: _____ INTERVIEW BY: _____

REMARKS

NEATNESS _____
CHARACTER _____
ABILITY _____

HIRE _____ REPORT DATE _____

POSITION _____ SALARY _____