

Home Pride Inc.

Date: _____

GENERAL DATA

Mr. Mrs. Miss	Last Name	First Name	Middle Name	Maiden Name if married	NIS#	Driver's License No.
Present Address				How long at this address		Phone No.

Previous Address	MEDICAL
	List all the major illnesses you have had in the last five years

Position Applied for	
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Date of Birth	Have you ever worked at Home Pride before?		
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Single	<input type="checkbox"/>	Height	Ft.	Ins	Weight lbs.
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Married	<input type="checkbox"/>	No. of Children	Ages	Have you ever applied for or received workmen's compensation for an industrial injury?	
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Widowed	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?	
				For what injury?	

Divorced	<input type="checkbox"/>	Other Dependents	Ages of Dependents	Do you agree to take a physical and medical examination at our expense? Yes	
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Separated	<input type="checkbox"/>			Do you agree to take a physical and medical examination at our expense? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Names of Relatives and friends currently employed with this company				If yes, please explain	
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Name/relationship	
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Name/relationship	Person to notify in case of emergency (name and relationship)	
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Who refered you to Home Pride?	Address	Phone
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EDUCATION				Years Attended		Degree or Diploma		Major Degree		Clerical Applicants only	
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School	Name and Address	From	To							Typing speed
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Primary										Shorthand speed
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Secondary										
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University										Business Machines operated
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Technical Institute										
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Trade, Business etc										
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Would you be able to work on weekends and public holidays?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would you be able to work on shifts between the hours of 6:00 am to 11:00pm?				Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT HISTORY List all jobs during the past five (5) years beginning with your last position

1. Company Name		Salary	Supervisor's Name
Address	Tel. No.	Nature of Work	
Dates: from	To:		
Reason for leaving			
2. Company Name		Salary	Supervisor's Name
Address	Tel. No.	Nature of Work	
Dates: from	To:		
Reason for leaving			
3. Company Name		Salary	Supervisor's Name
Address	Tel. No.	Nature of Work	
Dates: from	To:		
Reason for leaving			
4. Company Name		Salary	Supervisor's Name
Address	Tel. No.	Nature of Work	
Dates: from	To:		
Reason for leaving			

May we communicate with the employers listed above? _____ If not, indicate those we should not _____

SALARY EXPECTED _____

I certify that answers given by me to the foregoing questions and statement are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statement, answers, or omissions made by me in this questionnaire. I also authorize the companies, institutions, or persons named above to give any information that they may have regarding me whether or not it is in their record. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information.

I agree to submit to a physical medical examination if requested and I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired.

Signature of applicant

FOR COMPANY USE ONLY

Interviewed by: _____ Date: _____ For Dept: _____

Interviewed by: _____ Date: _____ For Dept: _____

Remarks

Date to start	Position Name	Department	Salary Rate		
			Monthly _____	Weekly _____	Hourly _____
Department Head	Manager	Personnel	Date of Preparation		