

9749 S. Parker Road Parker, CO 80134 303-841-3333

Date	Received:	

Personal Information—Pre-Employment Questionnaire/Equal Opportunity Employer						
Last Name	First Name	Mid	dle Name	Today's Date		
Street Address	City	State	2	Zip Code		
II Dl (	`	<b>A</b>	Hair 1 State Cities	. 1 11 12 . 21.1 . 4		
Home Phone: (_			Are you a United States Citizen or legally eligible to work in the U. S.?YesNo (if hired, you will be required to			
Work Phone: (_			provide documentation that you are eligible to work in the U.S.)			
Other: (	) -	Have you	ever been convicted of	a felony or misdemeanor within		
\ <u></u>		the last fi	ve years? Yes	No		
Are you 21 or ov	ver?YesNo Bir	th Date://	_ Sala	ried Desired:		
Title of Position	Applying For		Date Available to Work			
Uava vou baan n	reviously interviewed or employe	nd by Parkar Payloss Lig	uore? Vos N	Io		
	s) and job title(s):	d by Farker Fayless Liqu	1018?1es1			
Do you have any	relatives currently working for th	ne Parker Payless Liquor	s?YesNo			
If Yes, list names and relationship to you:						
Are you employed now? If so, may we contact your present employer?						
Education						
Name and Loca High School	tion	# Years Completed	Major Area of Study	Degree/Diploma		
Tilgii School						
College						

Graduate School							
Technical or Certificate Programs							
1106141115							
<b>Employment</b> 1	History Pleas					oyers, beginning wi	
Employer:		Dates Empl	loyed:		Job Title:		
		From		To			
Address:							
Telephone:				Job Duties:			
Weekly Pay Start:		sh:					
Reason for Leaving:							
	ı				[ m: .		
Employer:		Dates Empl	loyed:		Job Title:		
		From		To			
Address:							
Telephone:			Job Duties:				
Weekly Pay Start:	Finis	sh:					
Reason for Leaving:							
Employer		Dates Empl	oved.		Job Title:		
Employer:		_		То	 Job Tiue;		
Address:							
Telephone:			Job Duties:				
Weekly Pay Start:	Finic	eh·					

Reason for Leaving:				
Describe your qualif	ications for the type of e	mployment you are see	king: (Please include skills, specia	al training,
References	Please list names of sup	pervisors, managers, or oth	ers who can comment directly on you	ur abilities:
Name	Address	Phone #	Relationship/Occupation	Years Known
Special Purpose Que	estions:			
1. Are you able	to perform each of the fo	ollowing job functions v	vith or without an accommodation	?
a. Job Fu	unction #1: Heavy Lifting	g Yes N	Jo	
	i. If you can perform the		ommodation, explain how you wo	ould
b.Job fu	i. If you can perform the		hoursYes No ommodation, explain how you wo	ould
	——————————————————————————————————————			
c: We	ere you ever seriously i	njured?Yes	No	

	Please list hour	s available to work with	nin our store	hours
	Monday- Saturday 9am-10pm			
	Sunday 10am-8pm			
		*****		
employment n		portunity Employer. It is the policy ce, creed, color, age, marital status,		
		*****		
understand tha	t if employed, false state	pplication for employment are true ements on this application shall be on of my personal references.		
Signature of Applicant		t t	Date	e
Please do no w	vrite below this line:			
Interviewed by	y:			
Date:				
Remarks:				