

**APPLICATION  
FOR EMPLOYMENT**



**AN EQUAL OPPORTUNITY  
EMPLOYER**

**PLEASE PRINT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
No. Street City State Zip

Email Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position for which you are applying: \_\_\_\_\_

Are you applying for:

Regular full-time work?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Regular part-time work?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Temporary, e.g., summers or holiday work? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available? \_\_\_\_\_

Are you available for work on weekends? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be available to work overtime, if necessary? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_ Salary desired: \_\_\_\_\_

**PERSONAL INFORMATION**

Have you ever applied to or worked for Sunrise Company or any of our affiliates before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when: \_\_\_\_\_

Do you have any friends or relatives working for Sunrise Company or any of our affiliates? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state name(s) and relationship(s) \_\_\_\_\_

Sunrise Company is an equal opportunity employer. It considers applicants for all positions without regard to actual or perceived age, race, color, ancestry, sex, gender (including the fact that an individual is transgender, transitioning or transitioned), pregnancy, childbirth or related conditions, including without limitation, breastfeeding or related conditions, national origin, marital status, military and veteran status, political affiliation, registered domestic partnership status (as defined by California Family Code § 297), family care or medical leave status, medical condition (including genetic information and characteristics), physical disability or mental disability, citizenship status, possession of a driver's license under California Vehicle Code § 12801.9, religion, religious dress and grooming, creed, sexual orientation, gender identity, gender expression, or any other characteristic protected by state, federal or local laws. We consider all qualified applicants with criminal histories in a manner consistent with local, state and federal laws.

**PERSONAL INFORMATION (Continued)**

If hired, would you have a reliable means of transportation to and from work? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at least 18 years old? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your legal right to live and work in this country? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, describe the functions that cannot be performed \_\_\_\_\_

(Note: We comply with the ADA and applicable state law and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.)

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, may we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION, TRAINING AND EXPERIENCE**

Elementary School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Years Completed (please circle) : 4 5 6 7 8

High School Name \_\_\_\_\_

Location: \_\_\_\_\_ Years Completed (please circle) : 9 10 11 12

College/Undergraduate School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Years Completed (please circle) : 1 2 3 4

Describe Course of Study \_\_\_\_\_

Describe any specialized training, honors, apprenticeship, and skills: \_\_\_\_\_

Do you speak, write or understand any languages besides English? Yes \_\_\_ No \_\_\_ If yes, which language(s)? \_\_\_\_\_

Describe any experience, training, qualifications or skills which you feel make you especially suited for work at Sunrise Company?  
\_\_\_\_\_

**THE FOLLOWING QUESTIONS IF YOU ARE APPLYING FOR A PROFESSIONAL POSITION.**

Are you licensed/certified for the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of license/certification \_\_\_\_\_ Issuing state \_\_\_\_\_ License/Certification #: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement: \_\_\_\_\_



**EMPLOYMENT EXPERIENCE – Note attach additional page if necessary.**

Start with your present or most recent job and list all employment for the last 10 years and explain all gaps in your employment, attaching additional sheets if necessary. (Do not substitute your resume for this information.) Include any job-related service assignments and volunteer activities. You may exclude volunteer organizations, which indicate race, color, religion, gender, national origin, disability, sexual orientation, or other protected status.

Employer	Dates Employed From                      To	DESCRIPTION OF DUTIES
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation Explain:		

Employer	Dates Employed From                      To	DESCRIPTION OF DUTIES
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation Explain:		

Employer	Dates Employed From                      To	DESCRIPTION OF DUTIES
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation Explain:		

Employer	Dates Employed From                      To	DESCRIPTION OF DUTIES
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation Explain:		

Explain any gaps in your employment history: \_\_\_\_\_

## REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

## PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I authorize representatives of the Company to conduct a thorough investigation of my past employment and activities, and authorize all references provided in this application, as well as all other individuals whom the Company or its representatives may contact, to provide all relevant job-related information they have about me (in each case, unless otherwise required by law, without any notice to me of such disclosure). Notwithstanding the foregoing, I understand that the Company will not seek to obtain information about my salary history and information about any protected characteristics (i.e., mental or physical disability, age, ethnicity). I further understand that the Company will not seek background information about criminal convictions unless and until a conditional offer of employment is made, and then only in a manner consistent with local, state and federal "Fair Chance" laws. I agree to cooperate in any such investigation, and hereby release the Company, all persons and entities acting on its behalf, and all persons and entities requesting or supplying information to the Company, from any and actions, suits, claims, demands, liabilities, damages, costs and expenses (including, without limitation, reasonable attorneys' fees) arising from or in way relating to any lawful investigation or any information requested or supplied. I agree to execute any other documents necessary to enable the Company to accomplish the aims of this paragraph.

\_\_\_\_\_ I further understand that if I am offered employment with the Company, I will be required to sign personnel documents, which shall include a confidentiality agreement, an agreement to arbitrate disputes and an acknowledgement of the terms and conditions set forth in the Company's Employee Handbook.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between Sunrise and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Sunrise, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and an authorized representative of Sunrise.

\_\_\_\_\_ I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and their legal authorization to work in the United States. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law. Furthermore, I acknowledge and understand that it is Sunrise's policy, after an offer has been extended but before my hire date, to confirm with the Social Security Administration that my name and the social security number I have provided to Sunrise agree with Social Security Administration's records. If they do not match, I understand that Sunrise will provide me with two weeks to resolve the discrepancy. If the discrepancy cannot be resolved, I further understand that my conditional offer of employment will be withdrawn.

This application will be considered active for a maximum of 30 days. If you wish to be considered for employment after that time, you must reapply

Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

## CONSENT TO PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING

I, \_\_\_\_\_ (print name), understand that my offer of at-will employment by Sunrise Company (hereafter referred to as the "Company") is contingent upon my successful completion of a pre-employment urinalysis, breath, hair follicle or other testing procedure to screen for the presence of alcohol or drugs. These tests will be conducted by Quest Diagnostics (hereafter referred to as the "Test Administrator").

I understand that I will be disqualified from employment with the Company if I engage in any of the following conduct: (1) refuse to take the test; or (2) fail to report for the test at the appointed place and time; or (3) refuse to sign this consent form or any other form relating to the test as required by the Company; (4) am determined to be unfit for the job I was offered for any reason relating to the test; or (5) falsify or attempt to falsify any specimen, paperwork or result relating to the test.

I understand that if the test detects the presence of alcohol or drugs, I will be contacted by a Medical Review Officer who has been notified of the positive results by the Test Administrator. The Medical Review Officer will discuss the results of the test with me. I may thereafter appeal positive test results by writing directly to the Test Administrator, with a copy to the Company's Director of Human Resources, within 14 days of the date the test results were discussed with me by the Medical Review Officer. As part of any such appeal, I may have the same specimen I originally submitted to the Test Administrator retested at my own expense. (Note: This is not a second test, but rather, a re-testing of the originally submitted specimen.) Should my appeal be successful, I may then reapply with the Company for any job available at that time for which I qualify. I understand that a new pre-employment alcohol and drug test will be required for each new offer of employment at the Company.

I understand that information I provide to the Test Administrator in connection with the test may be disclosed by the Test Administrator to the Company, including whether the Test Administrator deems me suitable or unsuitable for employment based on the test results. I further understand that the Company will hold all records relating to this test in strict confidence.

I understand that the Company will pay all costs associated with this test, except for any costs associated with any appeal of the original test results.

Based on the foregoing, I hereby voluntarily consent to a pre-employment physical and urinalysis or other testing procedure to screen for the presence of alcohol or drugs and consent to the Test Administrator disclosing to the Company the test results and/or whether the Test Administrator deems me suitable or unsuitable for employment based on the test results.

On behalf of myself, my heirs, my representatives and any person claiming through me or any of them, I hereby release the Company and the Test Administrator, any of their parent or subsidiary companies, and all officers, employees, shareholders and agents of any of them, and any other physician, medical personnel, hospital, medical center, clinic or laboratory from any claim or liability arising from or relating to the test.

Agreed: \_\_\_\_\_ Dated: \_\_\_\_\_

Refused: \_\_\_\_\_ Dated: \_\_\_\_\_

### **Parental Consent of Underage Applicants**

I understand that Sunrise Company requires all applicants to take a Pre-Employment Drug test. I have read the above policy and give my consent to allow my daughter/son to take the Pre-Employment Drug Test.

\_\_\_\_\_  
Parent/Guardian

Dated: \_\_\_\_\_



## NOTICE OF DISCLOSURE AND AUTHORIZATION

I understand that, after a conditional offer of employment has been made, an investigative consumer reports and/or consumer reports may be requested by Sunrise Company (the "Company"), and used in whole or in part, as a factor in decisions relating to my employment with the Company, such as establishing my eligibility for hiring, promotion, retention or reassignment, or concerning employment problems, should any arise in the future, such as suspected safety violations, harassment, discrimination, theft or other misconduct. Such reports may include interviews of others and/or compilations of records concerning matters such as my education, degrees attained, units completed, transcripts, prior employment verification, capabilities, qualifications, motor vehicle reports and department of motor vehicle records, and criminal convictions. Additionally, if and only if I have been advised that I am an applicant for **[the Company must check all the boxes that apply]**:  a managerial position that qualifies for the executive exemption from overtime;  a position that involves regular access to bank or credit card information, social security numbers and dates of birth;  a position where I would have regular access to cash totaling \$10,000 or more of either the Company or its guests during the workday;  a position where I would have access to confidential, proprietary information; or  a position where I would be a named signatory on the Company's bank or credit card accounts and/or would be authorized to transfer money on the Company's behalf, then a consumer credit report, including information about my credit history, may be requested by the Company. I understand that the Company is required by law to inform me that the information contained in these report(s) may include information bearing on my character, general reputation, personal characteristics and mode of living.

The information from these reports will not be used in violation of any applicable federal, state or local law or regulation, including, without limitation, the Los Angeles Fair Chance Ordinance, if applicable. I understand that if the reports concern my character, general reputation, personal characteristics or mode of living and are obtained through personal interviews, I may request further information from the Company regarding the nature and/or scope of the investigation. Before any adverse action is taken against me based in whole or in part on investigative consumer reports and/or consumer reports and/or consumer credit reports, the Company or its designee will provide me with a copy of such report(s) and a written summary of my legal rights under the Fair Credit Reporting Act.

If investigative consumer reports and/or consumer reports and/or consumer credit reports are requested, the third party agency preparing the reports will be: **SmarterHIRE, 2250 Lindsay Way, Glendora, CA 91740, phone number (800) 599 9202, [www.ks1927.com](http://www.ks1927.com)**. Their files are available for review in person, by certified mail (paying the cost of duplication), or telephonically with proper identification, during normal business hours and on reasonable notice.

I understand that if the Company obtains an investigative consumer report and/or consumer report about me for employment purposes, I am entitled to receive a copy of the report within three (3) business days of the date it is provided to the Company. If I would like a copy of my investigative consumer report or consumer report, I have checked this box:

I further understand that if the Company obtains a consumer credit report about me for employment purposes, I am entitled to receive a copy of the report, at no cost to me, at the same time it is provided to the Company. If a consumer credit report has been required because I am an applicant for a qualifying position and I would like a copy of my consumer credit report, I have checked this box:

By my signature below, I hereby authorize the Company to obtain investigative consumer reports and/or consumer reports and/or consumer credit reports as set forth above. I also acknowledge having received a copy of "A Summary of Your Rights under the Fair Credit Reporting Act" and a "Notice to Applicants and Employees Fair Chance Initiative for Hiring Notice," if applicable. A signed facsimile or scanned copy of this Notice of Disclosure and Authorization is the same as an original.

Applicant/Employee Name: (please print) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Other Names/Social Security Numbers Used: \_\_\_\_\_  
Month of Birth: \_\_\_\_\_ Day of Birth: \_\_\_\_\_ [do not provide the year of your birth]  
Applicant/Employee Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Applicant/Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.



- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552
1.b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
To the extent not included in item 1 above: 2.a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
<b>2.b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</b>	Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
2. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
2.d. Federal Credit Unions	National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423
5.. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



## Applicant Questionnaire

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

1. What have you heard about our company?
2. Tell us a little about your work history.
3. Tell us about your last job.
4. Why did you leave your last job?
5. What have you liked most and least about the jobs you have had?
6. Name a **few skills that you have** that might help you with the job that you are applying for.
7. If I were to contact your former supervisor, how would he or she describe your strengths or weaknesses?
8. Have you ever been in a dispute with a supervisor? If so, what was it about and how did you resolve it?
9. Describe the type of person that is easiest and hardest for you to work with?

Applicant Questionnaire

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10. How do you define a team player and do you consider yourself a **team player**?
  
11. Describe a significant challenge that you faced in your last job and how did you solve it.
  
12. What is it about our company that appeals to you?
  
13. What do you think you can contribute to this company? Why?
  
14. What are some of your long-range goals?
  
15. What do you hope to be doing in five years as far as a job is concerned?
  
16. Why do you think we should consider hiring you?
  
17. What are your salary expectations?

Summary Comments:

Applicant Signature \_\_\_\_\_

Manager's Signature \_\_\_\_\_