

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE / EQUAL OPPORTUNITY EMPLOYER



## PERSONAL INFORMATION

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

NAME (LAST NAME/FIRST/MIDDLE)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE NO:	EMAIL: (OPTIONAL)	REFERRED BY:	

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	PAY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PRESENT EMPLOYER
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO

## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT FIRST)

DATE		COMPANY NAME & LOCATION	POSITION	REASON FOR LEAVING
MONTH & YEAR				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

## GENERAL INFORMATION

WORK OR SPECIAL TRAINING/SKILLS/SUBJECTS OF SPECIAL STUDY
US MILITARY OR NAVAL SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO

## EDUCATION HISTORY

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT(S) STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

# APPLICATION FOR EMPLOYMENT (CON'T)



## REFERENCES

NAME	PROFESSION/RELATIONSHIP	YEARS KNOWN	PHONE NO.

## 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 the 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 wavier 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."

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE -----

## COMMENTS

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HIRED	DEPT.	WILL REPORT TO	WAGES	START DATE