

# Application for Employment

## PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

### Personal Information

TODAYS DATE \_\_\_\_\_

NAME (LAST, FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE ZIP
PHONE	SECONDARY PHONE	REFERRED BY	

### Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPLIED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN (MONTH/YEAR)	
HAVE YOU BEEN CONVICTED OF A FELONY OR INCARCERATED IN THE PAST SEVEN YEARS? IF YES, BRIEFLY EXPLAIN:		
DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF WARRENTED, WILL YOU CONSENT TO A BACKGROUND CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO	

### Education History

	NAME & LOCATION OF SCHOOL	DATE/YEAR ATTENDED	YEAR OF GRADUATE	SUBJECTS STUDIES
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS SCHOOL				

### General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

### Former Employers (LIST LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**References** (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**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 from 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 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 state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document forms upon hire.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**Do Not Write Below This Line**

**Remarks**

SCHEDULED INTERVIEW		INTERVIEW WITH		
NEATNESS		PERSONALITY		
CHARACTER		ABILITY		
HIRED	FOR DEPT	POSITION	REPORT TO	SALARY

APPROVED:

\_\_\_\_\_  
EMPLOYMENT MANAGER

\_\_\_\_\_  
DEPARTMENT HEAD

\_\_\_\_\_  
GENERAL MANAGER

It is the user's responsibility to ensure that this form's use complied with applicable laws, which change from time to time.