



Application for Employment

Pre-Employment Questionnaire

Equal Opportunity Employer

Personal Information:

Date: _____

Name (last, first, middle): _____

Address: _____ City & State: _____ Zip code: _____

Phone No.: _____ Email: _____

Referred by: _____

Employment Desired:

Position:		Date you can start:	Salary Desired:
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, may we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ever applied to SAS Fabrics before? Yes <input type="checkbox"/> No <input type="checkbox"/>		Where?	When?

Education:

	Name and location of school	Years attended	Did you graduate?	Subjects studied
High School				
College				
Trade, Business, or correspondence				

General Information:

Are you looking for full time or part time?	If part time, what days and hours are you available?
What special skills do you have that will contribute to your job here?	
What are you interested in or what are your hobbies?	

Former Employment: (list below last four former employers, starting with most recent)

Date Month and Year	Name and address of employer	Salary	Position	Reason for leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				



Application for Employment

Pre-Employment Questionnaire

Equal Opportunity Employer

References:

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 the 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.

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.

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 upon hire.

Date: _____ Signature: _____

..... **Do not write below this line**

Date: _____ Interviewed by: _____

Remarks:
