

Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Personal Information

Date: _____

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

Employment Desired

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW?	(YES) (NO) Circle One	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	(YES) (NO) Circle One	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US?	(YES) (NO) Circle One
EVER APPLIED TO THIS COMPANY BEFORE?	(YES) (NO) Circle One	WHERE?		WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE?	(YES) (NO) Circle One	WHERE?		WHEN?	
REASON FOR LEAVING?					
				NAME OF LAST SUPERVISOR AT THIS COMPANY	
HOW DID YOU FIND OUT ABOUT THIS POSITION?	(FACEBOOK AD) (TELEVISION AD)	v CIRCLE ONE v (FRIEND) (WALK IN)	(CALLED IN) (WEBSITE)	(OTHER)	_____

Education History

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

General Information

SUBJECT OF SPECIAL STUDY
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?	BRANCH OF SERVICE
DISCHARGE DATE	RANK

Former Employers (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR?	(YES) (NO) Circle One
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR?	(YES) (NO) Circle One
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR?	(YES) (NO) Circle One
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

References

NAME	ADDRESS	BUSINESS	PHONE

Special Purpose Questions

I understand that I may be required to take a drug test as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents, or employees from any claim arising in connection with the use of such tests. (Circle one): Yes / No

Are you able to perform each of the following job functions with our without accomodation:

Working outside in weather elements for long periods of time? (Circle one): Yes / No

Heavy lifting, standing long periods, and bending? (Circle one): Yes / No

Operating heavy equipment/machinery? (Circle one): Yes / No

Do you have a current CDL/Type? Expires?

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 the 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 relase 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 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."

DATE

SIGNATURE