

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire • Equal Opportunity Employer

PERSONAL INFORMATION...

DATE:

NAME (LAST NAME, FIRST):				SOCIAL SECURITY NO:
PRESENT ADDRESS:		PERMANENT ADDRESS:		PHONE:
				SECOND PHONE:
STATE	ZIP CODE	STATE	ZIP CODE	REFERRED BY:

EMPLOYMENT DESIRED...

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU CURRENTLY EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, CAN WE INQUIRE OF PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY ABLE TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU CONTACTED THIS: COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN:	WHERE:

EDUCATION HISTORY...

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

ADDITIONAL INFORMATION...

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

PREVIOUS EMPLOYERS... (LIST YOUR LAST FOUR EMPLOYERS, WITH THE LATEST ONE AT THE TOP)

DATE (MO./YEAR) FROM-TO:	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM-TO:				
FROM-TO:				
FROM-TO:				
FROM-TO:				

CONTINUED ON REVERSE >

REFERENCES... (LIST THE NAMES OF THREE PEOPLE NOT RELATED TO YOU THAT YOU HAVE KNOWN FOR OVER A YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application form are true and complete to the best of my knowledge and that I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize an investigation of all statements contained in this application, and employers and references listed above to give you any and all information requested regarding my previous employment and any other pertinent information they may have, personal or otherwise, and release the company from all liability for the damage that my result from the use of this 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."

SIGNATURE _____

DATE: _____

INTERVIEWED BY _____

DATE: _____

DO NOT WRITE BELOW THIS LINE**Remarks**

Character

NEATNESS:		CHARACTER:		
PERSONALITY:		ABILITY:		
HIRED:	FOR DEPT:	POSITION:	WILL REPORT:	SALARY:

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER