

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST) _____ SOCIAL SECURITY NO. _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PERMANENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE NO. _____ REFERRED BY _____

DRIVERS LICENSE NUMBER _____ STATE _____

DATE OF BIRTH _____ ARE YOU 18 YEARS OLD? _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED YES NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER YES NO

EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN? _____

EDUCATION HISTORY

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

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

CONTINUED ON OTHER SIDE

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR FROM _____ TO _____	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 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 _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS

CHARACTER

PERSONALITY

ABILITY

HIRED _____ FOR DEPT. _____ POSITION _____ WILL REPORT _____ SALARY WAGES _____