

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE-EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE: _____

NAME (Last, First, MI)		Social Security Number	Date of Birth
Present Address		City and Zip Code	State
Permanent Address		City and Zip Code	State
Phone Number	Do you have a license Yes No Driver's License Number	Referred By:	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	DESIRED SALARY
ARE YOU CURRENTLY EMPLOYED? YES NO	IF SO, MAY WE CONTACT YOU CURRENT EMPLOYER YES NO	
HAVE YOU EVER APPLIED TO THIS COMPANY?	WHERE?	WHEN?

EDUCATION HISTORY

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

GENERAL INFORMATION

LIST ANY SPECIAL SKILLS OR TRAINING THAT WOULD HELP YOUR JOB PERFORMANCE AT KSC	
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ARE YOU OR WERE YOU U.S. MILITARY OR NAVAL SERVICES	RANK

EMPLOYMENT HISTORY

NAME AND ADDRESS OF EMPLOYER	DATE OF EMPLOYMENT	SALARY/ HRLY PAY	POSITION	REASON FOR LEAVING
	FROM			
	TO			
	FROM			
	TO			
	FROM			
	TO			
	FROM			
	TO			

May we contact former your former employers?

YES OR NO

Have you ever been convicted of a felony in the U.S.?

If so, when and will the conviction affect your capability to work such as availability or transportation?

REFERENCES (PLEASE LIST NAMES BELOW OF PERSON(S) NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	BUSINESS	PHONE NUMBER	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
