

Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Personal Information _____ DATE _____

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

Employment Desired _____

POSITION	DATE	YOU CAN START			
ARE YOU EMPLOYED NOW?	YES	NO	IF SO, CAN WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES	NO
EVER APPLIED TO THIS COMPANY BEFORE	YES	NO	WHERE	WHEN	

Education History _____

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

General Information _____

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

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST) _____

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	SUBJECTS STUDIED
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOME 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.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

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 eligibility verification document from upon hire.

DATE _____ SIGNATURE _____

Do Not Write Below This Line _____

DATE _____ INTERVIEW BY _____

Remarks _____

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER