

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

FULL PERSONAL INFORMATION

DATE

NAME(LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO.	
PRESENT ADDRESS		STATE & DRIVERS LICENSE #	
CITY	STATE	ZIP CODE	
PHONE NUMBER	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED?	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?	
HAVE YOU APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
HAVE YOU EVER BEEN CONVICTED OF A CRIME, MISDEMEANOR, OR A FELONY? IF YES, PLEASE EXPLAIN. _____		

EDUCATION HISTORY

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

GENERAL INFORMATION

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

FORMER EMPLOYERS (LIST LAST FOUR EMPLOYERS, STARTING WITH CURRENT JOB FIRST)

DATE MONTH & YEAR	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 FOR AT LEAST ONE YEAR

NAME	RELATIONSHIP	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 damages 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 authorize a background check to be conducted by this potential employer and release the company from all liability for any damages that may result from utilization of such information and furthermore acknowledge that performing a background check in no way guarantees future employment with this company."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	POSITION	START DATE	SALARY