



Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL

OPPORTUNITY EMPLOYER

Personal Information

DATE ___/___/_____

NAME (Last, First, MI)		SOCIAL SECURITY NO. · — —	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMENANT ADDRESS	CITY	STATE	ZIP CODE
PRIMARY PHONE NO.	EMAIL ADDRESS	REFERRED BY	

Employment Desired

POSITION	DATE AVAILABLE TO START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CAN WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN	WHERE

Education History

SCHOOL NAME	YEARS ATTENDED	DID YOU GRADUATE?
LOCATION		SUBJECTS STUDIED
SCHOOL NAME	YEARS ATTENDED	DID YOU GRADUATE?
LOCATION		SUBJECTS STUDIED
SCHOOL NAME	YEARS ATTENDED	DID YOU GRADUATE?
LOCATION		SUBJECTS STUDIED

Former Employment

NAME OF EMPLOYER	FROM	TO
ADDRESS	SALARY	POSITION
REASON FOR LEAVING		
NAME OF EMPLOYER	FROM	TO
ADDRESS	SALARY	POSITION
REASON FOR LEAVING		
NAME OF EMPLOYER	FROM	TO
ADDRESS	SALARY	POSITION
REASON FOR LEAVING		

References GIVE BELOW THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST A YEAR

NAME	RELATIONSHIP	PHONE NO.	YEARS KNOWN
NAME	RELATIONSHIP	PHONE NO.	YEARS KNOWN
NAME	RELATIONSHIP	PHONE NO.	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 termination.

I authorize investigation of all statements contained herein and the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal, or otherwise, and release the company from liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has 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 authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature _____ Date _____