



APPLICATION FOR EMPLOYMENT

Pre-employment Questionnaire

Equal Opportunity Employer

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 _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary desired _____

Are you employed now Yes No If so, may we inquire of your present employer? Yes No Are you legally authorized to work in the US? 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
High School _____	_____	_____	_____
College _____	_____	_____	_____
Trade, business or Correspondence School _____	_____	_____	_____

GENERAL INFORMATION

Subjects 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 & 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 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 _____

DO NOT WRITE BEYOND THIS POINT

Interviewed by _____ Date _____

Remarks

Neatness _____ Character _____

Personality _____ Ability _____

Hired _____ For Department _____

Position _____ Will report _____ Salary Wages _____

Approved by:

Employment Manager

Department Head

General Manager