



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

NAME (LAST NAME FIRST)			DATE	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS			

POSITION APPLYING FOR		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	

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

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

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)				
DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PEOPLE NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE	YEARS KNOWN?

COMMENTS

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 m 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 _____

ELECTRONIC SIGNATURE _____

SIGNATURE _____
(REQUIRED AT TIME OF IN PERSON INTERVIEW)