

APPLICATION for EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Today's Date: _____

Personal Information

NAME (Last name first)	DATE OF BIRTH	SOCIAL SECURITY NO.	PHONE NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE

Employment Desired

POSITION DESIRED	DATE YOU CAN START	HOURS OF AVAILABILITY	DESIRED SALARY
ARE YOU CURRENTLY EMPLOYED? (CIRCLE ONE) YES NO	IF SO, MAY WE INQUIRE OF YOUR PRESENE EMPLOYER? (CIRCLE ONE) YES NO	HAVE YOU EVER APPLIED W/ THIS COMPANY BEFORE? (CIRCLE ONE) YES NO	WHEN?

Education History

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE? LIST YR. GRADUATED	SUBJECTS STUDIED
GRAMMER				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, CORRESPONDENCE SCHOOL				

General Information

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS

Military Information

U.S. MILITARY OR NAVAL SERVICE	RANK
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CONTINUED ON OTHER SIDE

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Former Employers (List below last four employers, starting with last on first)

DATE MONTH & YR.	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

Reference Give below the names of 3 persons, not related to you, whom you have known at least one year.

NAME	PHONE NUMBER	RELATIONSHIP / POSITION	YEARS KNOWN

Authorization

“ I certify that the facts contained in this application are true 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 of use of disability-related or medical information in any manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE: _____ APPLICANT SIGNATURE: _____

DATE: _____ RECEIVED BY: _____

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