



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE

NAME (LAST NAME, FIRST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
PRESENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE		REFERRED BY

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	
JOB TYPE SOUGHT (PLEASE CHECK APPROPRIATE BOX OR BOXES) <div style="text-align: center;"> <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME </div>	HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	WHEN?
CAN YOU PERFORM THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION?	<div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS		
U.S. MILITARY OR NAVAL SERVICE	RANK	
ARE YOU EITHER A U.S. CITIZEN OR LEGALLY ALLOWED TO BE EMPLOYED IN THIS COUNTRY	YES	NO
DO YOU HAVE A VALID DRIVER'S LICENSE?	YES	NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	IF YES, PLEASE GIVE DETAILS:	
<p style="text-align: center;">YES</p> <p>No</p>		

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

REFERENCES (BELOW LIST THREE PERSONS NOT RELATED TO YOU THAT YOU HAVE KNOWN FOR ONE YEAR)

NAME	TELEPHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THE 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 AN ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THE 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 _____ SIGNATURE _____
