

Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Personal Information

NAME (LAST NAME, FIRST)		SOCIAL SECURITY NO.	
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE NO.	CELL PHONE NO.	REFERRED BY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
<input type="text"/>	<input type="text"/>	<input type="text"/>
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE?	WHEN?	WHERE?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade, Business, or Correspondence School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Information

SUBJECT OF SPECIAL STUDY / RESEARCH WORK	
<input type="text"/>	
SPECIAL TRAINING	
<input type="text"/>	
SPECIAL SKILLS	
<input type="text"/>	
U.S. MILITARY OR NAVAL SERVICE	RANK
<input type="text"/>	<input type="text"/>

Former Employers (List below your last four employers, starting with the most recent one first.)

DATE (MONTH & YEAR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TO <input type="text"/>				
FROM <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TO <input type="text"/>				
FROM <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TO <input type="text"/>				
FROM <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TO <input type="text"/>				

References (Give below the names of three people not related to you, whom you have known at least one year.)

NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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 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 **Initials**