APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Name (Last, 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? Yes No If so, may we contact them? Yes No

Ever Applied To This Company Before? Yes No When? _____

EDUCATION HISTORY

	Name and Location of School	Years Attended	Did You Graduate?
High School			
College			
Trade, Business, or Correspondence School			

GENERAL INFORMATION (Subjects of special study/research or Work or special training/skills)

_____

U.S. Military or Naval Service

_____

FORMER EMPLOYERS (List below last four employers, starting with last one first)

	Name and address of employer	Dates worked	Position	Salary	Reason for leaving
1.					
2.					
3.					
4.					

REFERENCES (List below three references that you are not related to)

	Name	Phone Number	Business	Years known
1.				
2.				
3.				

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 here in 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 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_____