

# Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

Personal Information

Date: \_\_\_\_\_

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

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?    YES    NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?    YES    NO	
EVERY APPLIED TO THIS COMPANY BEFORE?    YES    NO	WHEN	

Education History

Name and Location	Years Attended	Did You Graduate	Subjects Studied
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			

General Information

SPECIAL SKILLS	
SPECIAL TRAINING	
U.S. MILITARY OR NAVAL SERVICE	RANK

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

Date Month and Year	NAME AND ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON OTHER SIDE

## References

(GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE NUMBER	BUSINESS	RELATIONSHIP	YEARS KNOWN

## 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 to 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 specific 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.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history and conviction will not automatically result in disqualification from employments."

In compliance with federal law; all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification documents form upon hire.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Do Not Write Below This Line

DATE \_\_\_\_\_ INTERVIEWED BY \_\_\_\_\_

## Remarks

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