APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONAIRE

EQUAL OPPORTUNITY EMPLOYER

RECORDS DEPARTMENT

DATE

PERSONAL INFORMATION

NAME (LAST NAME, FIRST MI)	**D.O.B.**	**SOCIAL SECURITY NUMBER**

PRESENT ADDRESS	**CITY**	**STATE**	**ZIP CODE**

PHONE NO.	**EMAIL ADDRESS**	**REFERRED BY**

EMPLOYMENT DESIRED

POSITION	**DATE YOU CAN START**	**SALARY DESIRED**

ARE YOU EMPLOYED **YES NO**	**MAY WE CONTACT YOUR PRESENT EMPLOYER** **YES NO**

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE **YES NO**	**WHEN**

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL		**YEARS ATTENDED**	**DID YOU GRADUATE?**	**SUBJECTS STUDIED**
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

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

US MILITARY OR NAVAL SERVICE	**RANK**

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

DATE	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES 3 PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, ANY 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 PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FROM ANY DAMAGE THAT MAY RESULT FROM UTILIZATION FROM ANY 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 FORGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTITIVE. 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** _____

INTERVIEWED BY	DATE

REMARKS

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPARTMENT	POSITION	WILL REPORT	SALARY