

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
 EQUAL OPPORTUNITY EMPLOYER
 DRUG FREE WORKPLACE

PERSONAL INFORMATION

DATE _____

NAME (LAST)		(FIRST)	(MIDDLE)	
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?	<input type="checkbox"/>	<input type="checkbox"/>	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		YES	NO
EVER APPLIED TO THIS COMPANY BEFORE?	<input type="checkbox"/>	<input type="checkbox"/>	POSITION:	WHEN?	
	YES	NO			

EDUCATION HISTORY

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	DEGREE, MAJOR	CIRCLE LAST YEAR ATTENDED	GRADUATED
HIGH SCHOOL			9 10 11 12	[] YES [] NO
GED				[] YES [] NO
COLLEGE			1 2 3 4	[] YES [] NO
COLLEGE			1 2 3 4	[] YES [] NO
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO
BUSINESS, TRADE, OTHER			1 2 3 4	[] YES [] NO

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY, RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

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

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

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

NAME	PHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I authorize 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 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."

DATE _____ SIGNATURE_____

INTERVIEWED BY _____ DATE_____

-----**DO NOT WRITE BELOW THIS LINE**-----

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY/WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER