

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
Email Address		Referred By		
Position		Date You Can Start		
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where	When	
Education History				
Name & Location of School		Did you graduate	Subjects Studied	
High School				
College				
Trade or Business School				
General Information				
Study of Special Study/Research Work				
Special Training				
Special Skills				
U.S. Military or Naval Service			Rank	
Former Employers (List below last four employers, starting with the last one first)				
Month/Year	Name of Employer	Position	Reason for Leaving	
From				
To				
From				
To				
From				
To				
From				
To				

References (Give below the names of three people not related to your, whom you have known at least one year)			
Name	Address	Phone No.	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 states on their 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 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 a 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 or conviction will not automatically result in disqualification from employment."

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 document form upon hire.

Date _____ Signature _____

***** Do Not Write Below This Line *****

Date	Interviewed by
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Remarks

Neatness		Character		
Personality		Ability		
Hired	For Dept.	Position	Will Report	Salary/Wages