



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

REFERRED BY

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED? YES ___ NO ___

IF YES, CAN WE INQUIRE OF YOUR PRESENT EMPLOYER? ___ NO ___

EVER APPLIED TO THIS COMPANY BEFORE? YES ___ NO ___ WHERE _____ WHEN _____

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School				
High School				
College				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY, WORK, SPECIAL TRAINING/SKILLS

US MILITARY OR NAVAL SERVICE

RANK



FORMER EMPLOYERS (PLEASE LIST THE LAST FOUR, MOST RECENT FIRST)

DATES OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

CRIMINAL CONVICTIONS

NOTE: A conviction does not necessarily mean disqualification.

Have you ever been convicted of a felony? Yes No

City/County/State of conviction: _____

Please provide details of conviction (dates, places, charges, etc.):

REFERENCES (PLEASE LIST NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	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 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) or other relevant federal and state laws.

DATE

SIGNATURE

INTERVIEWED BY

DATE

DO NOT WRITE BELOW THIS LINE

REMARKS