

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER



PERSONAL INFORMATION		DATE	
Name (Last Name, First)		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Home Phone No.	Cell No.	Email Address	
Referred By			

EMPLOYMENT DESIRED			
Position		Date You Can Start	Salary Desired
Are You Employed	Yes No	If so may we inquire your present employer?	
		Yes No	
Ever applied to this company before?		Where?	When?
Yes No			
Do you speak another language?		If so, which one?	
Are you a citizen of the United States?		Yes	No
If no, are you authorized to work in the U.S.?		Yes	No
During the past seven years, have you been convicted of, or have you pled guilty or no contest to, a felony offense? Yes ___ No ___ <small>(Answering "yes" to this question will not automatically bar you from employment unless applicable law requires such action.)</small>			

EDUCATION HISTORY				
NAME & LOCATION OF SCHOOL	Years Attended	Did you graduate?	Subjects Studied	
High School				
College				
Trade, Business or Correspondence School				

GENERAL INFORMATION	
Subjects of Special Study/Research Work or Special Training/Skills	
U.S. Military or Naval Service	Rank

PREVIOUS EMPLOYMENT	
Company	Phone
Address	Supervisor

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Job Title		Salary	
Position		From	To
Reason for leaving			
May we contact your previous supervisor for a reference?			
Company		Phone	
Address		Supervisor	
Job Title		Salary	
Position		From	To
Reason for leaving			
May we contact your previous supervisor for a reference?			
Company		Phone	
Address		Supervisor	
Job Title		Salary	
Position		From	To
Reason for leaving			
May we contact your previous supervisor for a reference?			
REFERENCES			
Please list two professional references			
Full name		Relationship	
Company		Phone	
Email Address			
Full name		Relationship	
Company		Phone	
Email Address			
Please list one personal reference not related to you, whom you known at one year.			
Full name		Relationship	
Email Address		Business	
Year known		Phone	

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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 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."

Signature _____

Date _____

Interviewed by _____

Date _____