

APPLICATION FOR EMPLOYMENT
Pre-Employment Questionnaire Equal Opportunity Employer

Personal Information

NAME (LAST NAME FIRST) _____ DATE _____

PRESENT ADDRESS _____ SOCIAL SECURITY NO. _____

PERMANENT ADDRESS _____ PHONE NO. _____

EMAIL ADDRESS _____ PHONE NO. _____ SECONDARY PHONE NO. _____

Desired Employment

POSITION _____ DATE YOU CAN START _____

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE INQUIRE WITH YOUR CURRENT EMPLOYER? YES NO

EVER APPLIED TO THIS BUSINESS BEFORE? YES NO WHEN? _____

Education History

NAME & LOCATION OF SCHOOL _____ DID YOU GRADUATE? _____ SUBJECTS STUDIED _____

General Information

SUBJECT OF SPECIAL STUDY / RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL SKILLS _____

US MILITARY OR NAVAL SERVICES _____ RANK _____

Former Employers

(LIST BELOW LAST THREE EMPLOYERS, LAST TO FIRST)

DATES MONTH / YEAR NAME & ADDRESS OF EMPLOYER POSITION REASON FOR LEAVING

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References

(LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	PHONE NO.	YEARS KNOWN
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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.

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

Remarks

NEATNESS CHARACTER

PERSONALITY ABILITY

HIRED DEPARTMENT POSITION REPORT TO SALARY / WAGES

APPROVED:

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER