

APPLICATION FOR EMPLOYMENT

PREEMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER



PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? _____ YES _____ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____ YES _____ NO	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS SCHOOL			

GENERAL INFORMATION

SPRECIAL TRAINING/SKILLS OR SUBJECTS OF SPECIAL STUDY RESEARCH	HAVE YOU BEEN CONVICTED OF, OR SERVED TIME FOR, A FELONY IN THE PAST 7 YEARS? IF SO, PLEASE EXPLAIN (IN ACCORDANCE WITH COMPANY POLICY, THIS INFORMATION WILL BE REVIEWED FOR JOB RELATEDNESS AND TIME SINCE LAST CONVICTION)
U.S. MILITARY OR NAVAL SERVICE	RANK

CONTINUED ON OTHER SIDE

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

DATE (MONTH / YEAR)	NAME & ADDRESS OF EMPLOYER	WAGE / HOUR	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

REFERENCES (THE 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 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."

SIGNATURE _____ DATE _____

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

REMARKS
