

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST, FIRST, MI)		SOCIAL SECURITY NUMBER ---    ---	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
E-MAIL		REFERRED BY	
PHONE - HOME (        )	PHONE - CELL (        )		

## EMPLOYMENT DESIRED

POSITION APPLYING FOR	SHIFT(S)	DATE AVAILABLE	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? YES    NO	IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER?		YES    NO
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES    NO	IF YES, WHERE?		IF WHEN?

## EDUCATION

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	CURRICULUM
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?	YES    NO
HAVE YOU EVER BEEN IN JAIL?	YES    NO
U.S. MILITARY OR NAVAL SERVICE	DATES                      RANK
SUBJECTS OF SPECIAL STUDY/RESEARCH, WORK OR SPECIAL TRAINING OR SKILLS	

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

MONTH & YEAR	EMPLOYER NAME & ADDRESS	POSITION	SALARY	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON NEXT PAGE

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

NAME	ADDRESS	PHONE	BUSINESS	TIME KNOWN

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I 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 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 American with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

----- APPLICANTS, PLEASE DO NOT WRITE BELOW THIS LINE -----

**INTERVIEWER COMMENTS**


NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	START DATE	SALARY \$

INTERVIEWER \_\_\_\_\_

RECOMMENDED: YES NO