APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
Equal Opportunity Employer

PERSONAL INFORMATION

FULL NAME (LAST, FIRST, MIDDLE)	**DATE**
PRESENT ADDRESS	**CITY / STATE / ZIP**
PERMANENT ADDRESS	**CITY / STATE / ZIP**
PHONE NUMBER	**REFERRED BY**

EMPLOYMENT DESIRED

POSITION	**DATE YOU CAN START**	**SALARY DESIRED**	
ARE YOU EMPLOYED NOW?		Yes [ ] No [ ]	
IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		Yes [ ] No [ ]	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?		Yes [ ] No [ ]	
EVER APPLIED TO THIS COMPANY BEFORE?	Yes [ ] No [ ]	**WHERE?**	**WHEN?**

EDUCATION HISTORY

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

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Background & Employment History

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	**RANK**

FORMER EMPLOYERS

List below up to four employers, starting with the most recent.

DATES (FROM - TO)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

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REFERENCES

Give below 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 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 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) and other relevant federal and state laws.

DATE _____ **SIGNATURE** _____

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Employer Use Only

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY	DATE

REMARKS

NEATNESS	CHARACTER
PERSONALITY	**ABILITY**

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY / WAGES

APPROVED :

1. _____
Employment Manager

2. _____
Department Head

3. _____
General Manager