



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE: _____

NAME (LAST NAME FIRST)	SOCIAL SECURITY NO.
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 SO, MAY WE INQUIRE ON EMPLOYER? () YES () NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? () YES () NO
EVER APPLIED TO THIS COMPANY BEFORE? () YES () NO	WHERE?	WHEN?

EDUCATION HISTORY

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

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

U.S. MILITARY OR NAVAL SERVICE	RANK
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FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING

REFERENCES: PROVIDE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NUMBER	OCCUPATION	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 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) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

DATE _____

SIGNATURE _____