

Application for Employment

Pre-Employment Questionnaire • Equal Opportunity Employer

Personal Information

Date of Application: ___/___/___

Name: _____ Date of Birth: _____
Address: _____ SS#: _____
City _____ State _____ Zip Code _____
Primary Phone: (____) _____ - _____ Secondary Phone (____) _____ - _____
Email Address _____@_____ How did you hear about us? _____

Employment Desired

Position: _____ Date you can start: ___/___/___ Salary Desired: \$ _____
Are you currently employed? Yes No
If so, may we inquire of your present employer? Yes No
Are you legally authorized to work in the U.S.? Yes No
Have you ever applied to this company before? Yes No When? ___/___/___

Education History

	Name & Location of School	Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade School or Other				

General Information

Subject of Special Study/Research Work _____
Special Training _____
Special Skills _____
U.S. Military or Naval Service _____ Rank _____

Availability

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Former Employers

 (List below your last three employers, starting with the most recent.)

Date (month/year)	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

References

 (List the names of three persons not related to you, whom you have known at least one year.)

Name	Phone Number	Business	Years Known

Notes:

 (Office Use Only)

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 and otherwise, and release the company from 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: _____