

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

## Personal Information

Name (Last Name, First Name)			Social Security No:
Present Address	City	State	Zip Code
Permanent Address:	City	State	Zip Code
Phone Number:	Referred By:		

## Employment Desired

Position		Date You Can Start	Salary Desired
Are You Employed Now? Yes No	If so, may we inquire of your present employer? Yes No	Are you legally authorized to work in the US? Yes No	
Ever applied to this company before? Yes No	Where?	When?	

## General Information

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

## Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

Date Month and Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

APPLICATION FOR EMPLOYMENT CONTINUED ON OTHER SIDE

## 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 statement 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: \_\_\_\_\_