



Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE • EQUAL OPPORTUNITY EMPLOYER

Personal Information

NAME (LAST, FIRST, MI)		SOCIAL SECURITY NO. -- --		
PRESENT ADDRESS		CITY	ST	ZIP
PERMANENT ADDRESS		CITY	ST	ZIP
PHONE NO.	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	EMERGENCY CONTACT/PHONE NO.	EMAIL ADDRESS	REFERRED BY

Employment Desired

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Current Employer	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL		/	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		/	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE SCHOOL		/	<input type="checkbox"/> YES <input type="checkbox"/> NO	

General Information

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS			
U.S. MILITARY SERVICE	DATE ENTERED	RANK ATTAINED	DISCHARGE DATE

Former Employers (List below last four employers, starting with the most recent)

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

Vehicle License

DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	CLASS	EXP DATE
HAVE YOU HAD ANY ACCIDENTS IN THE PAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY?	HAVE YOU HAD ANY MOVING VIOLATIONS IN THE PAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY?	

HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN THE NUMBER OF CONVICTIONS, NATURE OF OFFENSE(S), HOW RECENTLY SUCH OFFENSES OCCURRED. INCLUDE SENTENCE IMPOSED AND TYPE OF REHABILITATION

References (Provide the names of three persons not related to you, whom you have known for at least one year)

NAME	ADDRESS	BUSINESS	YEARS KNOWN
NAME	ADDRESS	BUSINESS	YEARS KNOWN
NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization

<p>"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 for utilization of such information.</p> <p>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.</p> <p>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."</p>	
DATE	SIGNATURE

Submit

DO NOT WRITE BELOW THIS LINE

Remarks				
INTERVIEWED BY		DATE		
NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY/WAGES
APPROVED - EMPLOYMENT MANAGER		DEPT. HEAD		GENERAL MANAGER