

Application for Employment **PRE-EMPLOYMENT QUESTIONNAIRE**
EQUAL OPPORTUNITY EMPLOYER

Personal Information

Date

Full Name		Social Security No.	
Address	City	State	Zip Code
Phone No.		Referred By	
Employment Desired			
Position		Date You Can Start	Salary Desired
Are You Employed?	Yes No	If so, May We Inquire Of your Present Employer?	Yes No
Ever Applied to This Company Before?			When?

Education History

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School:			
College:			
Trade, Business or Correspondence School:			
General Information			
Subjects of Special Study/Research			
Work or Special Training/skills:			

Former Employers (List below last three employers, starting with last one first)

Date Month & Year	Names & Address of Employer Phone#	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

References: Give below the Names of three persons not related to you, whom you have Known at least one year

Name	Address/Phone#	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 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 _____

DO NOT WRITE BELOW THIS LINE

Remarks			
Hours		Training Date	
Personality	Day or Night	Past Telephone Experience	
Clarity	Position	l	Salary
Wages			

Supervisor's Signature _____ Date _____