

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION

NAME: (LAST NAME) (FIRST NAME)		SOCIAL SECURITY NUMBER		ARE YOU 18 YRS OR OLDER?	
PRESENT ADDRESS		CITY		STATE	ZIP CODE
PERMANENT MAILING ADDRESS		CITY		STATE	ZIP CODE
PHONE NUMBERS		REFERRED BY			
HOME () OTHER ()		EMAIL:			

EMPLOYMENT DESIRED

POSITION SEEKING		DATE YOU CAN START	FULL - PART TIME-EITHER	SALARY DESIRED
ARE YOU EMPLOYED? ____ YES ____ NO		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ____ YES ____ NO		
IF YES, COMPANY NAME & PHONE #:				
EVER APPLIED TO THIS COMPANY BEFORE? ____ YES ____ NO IF YES, WHEN? _____				

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	# OF YEARS	GRADUATED?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
BUSINESS OR TRADE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? ____ YES ____ NO If yes, when and describe the nature of the offense.	
CAN YOU PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMODATIONS INCLUDING LIFTING (SOMETIMES IN EXCESS OF 50 LBS), BENDING, TWISTING, REACHING, ETC? ____ YES ____ NO	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

(LIST THE LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

MONTH & YEAR	NAME, ADDRESS & PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED

REFERENCES

GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YRS 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: _____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

DO NOT WRITE BELOW THIS LINE

REMARKS

INTERVIEWED BY: _____

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	POSITION	SALARY/WAGES	WILL REPORT

APPROVED: 1. _____
EMPLOYMENT MANAGER

2. _____
DEPARTMENT HEAD

3. _____
GENERAL MANAGER
EMPLOYMENT APPLICATION