Application For Employment

(PRE-EMPLOYMENT QUESTIONNAIRE)
(EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME(LAST NAME FIRST) _____ SOCIAL SECURITY NO. _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PERMANENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE NO. _____ SECONDARY PHONE NO. _____ REFERRED BY _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

ARE YOU EMPLOYED NOW? ☐ YES ☐ NO \ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO

EVER APPLIED TO THIS COMPANY BEFORE? ☐ YES ☐ NO

WHERE _____ 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

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	POSITION	REASON FOR LEAVING
FROM TO			
FROM TO			
FROM TO			
FROM TO			

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 statements contained herein and the references and employers listed above to give you any and all informat - ion 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.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to the reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to com- plete the required employment eligibility verification document form upon hire.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

DATE _____ INTERVIEWED BY _____

Remarks

	NEATNESS	
	CHARACTER	
	PERSONALITY	
	ABILITY	
	HIRED	
	FOR DEPT.	POSITION
	WILL REPORT	SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER _____ DEPARTMENT HEAD _____ GENERAL MANAGER _____

This application for employment is sold only for general use throughout the United States. We assume no responsibility and hereby disclaim any liability for the inclusion in this form of any questions or requests for information upon which a violation local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.