



Application for Employment Pre-Employment Questionnaire

Equal Opportunity Employer

Personal Information

Name (Last Name, First Name)		Email Address	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	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	# of Years Attended	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

General Information

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

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

Date Month & Year	Name & Address of Former Employer	Salary	Position	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				

References

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 reference 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 may 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 these 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 complete the required employment eligibility verification document form upon hire.

DATE _____ **SIGNATURE** _____

----- **DO NOT WRITE BELOW THIS LINE** -----

Remarks

Neatness		Character	
Personality		Ability	
Hired	Position	Will Report	Salary Wages

Approved 1. _____ 2. _____ 3. _____
 Trustee Trustee Trustee