

Application for Employment

Pre-Employment Questionnaire

Equal Opportunity Employer

Please complete all fields.

Personal Information

Name (Last, First):		Social Security No.:	
Address:	City:	State:	Zip Code:
Phone:	Mobile:	E-mail:	

Employment Desired

Position:	Date You Can Start:	Referred By:
Salary Desired:	Are You Employed now? (Circle One) Yes No	If So, May We Inquire Of Your Present Employer? Yes No
Are You Legally Authorized To Work In The U.S.? Yes No		Have You Ever Applied To This Company Before? Yes No

Education History

	Name and Location	Years Attended	Graduate?	Subject
High School			Yes / No	
College			Yes / No	
Trade or Business School			Yes / No	

General Information, Qualifications, Relevant Experience

Subject of Special Study/ Research Work	
Special Training	
Special Skills	
U.S. Military Or Naval Service	Rank

Former Employers (Starting with Most Recent, List Last Four)

Years	Employer Name and Phone	Salary	Position	Reason For Leaving
From:				
To:				May We Contact? (Circle one) If No, Reason: Yes No
From:				
To:				May We Contact? (Circle one) If No, Reason: Yes No
From:				
To:				May We Contact? (Circle one) If No, Reason: Yes No
From:				
To:				May We Contact? (Circle one) If No, Reason: Yes No

Professional References					
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1.)	Name:	Business:	Title:
	Phone:	Years Known:	
2.)	Name:	Business:	Title:
	Phone:	Years Known:	
3.)	Name:	Business:	Title:
	Phone:	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 the 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
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OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date	Interviewed By
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Remarks:

Start Date:	Dep't.:	Position:	Report to:	Salary:	Shift:
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Approved By: (Each Sign)		
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HR Manager	Department Head	Supervisor