

Application for Employment
Pre-employment questionnaire Equal opportunity employer

PERSONAL INFORMATION

Date _____

| | | | |
|-------------------|------------|-------|-----|
| Last Name | First Name | | |
| Current Address | City | State | Zip |
| Permanent Address | City | State | Zip |
| Home phone | Cell phone | | |

Employment Desired

| | | |
|--|---|---|
| Position | Date you can start | Salary desired |
| Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | If so, may we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you legally authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/> | What position | When |

Education History

| High School | Name & Location of School | Did you graduate? | What year? | Degree/Subject |
|--------------------------|---------------------------|-------------------|------------|----------------|
| College | | | | |
| Grad School | | | | |
| Trade or Business School | | | | |

References - List the names of three persons not related to you whom you have known for at least one year. Please include at least 2 that are former employers. If you have never been employed before you can list former teachers, your church pastor, etc.

| NAME | ADDRESS | PHONE # | YEARS KNOWN |
|------|---------|---------|-------------|
| | | | |
| | | | |
| | | | |

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Former Employers List your last four employers, beginning with the last one

| Month and year | Name & Address of Employer | Salary | Position | Reason for Leaving |
|----------------|----------------------------|--------|----------|--------------------|
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |

"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 Disability Act (ADA) and other relevant federal and state laws."

_____ Date _____ Signature _____

Was applicant chosen for interview? _____ If so, date of interview: _____

Was applicant offered employment? _____ Were references contacted? _____

Employment hire date: _____ Employment start date: _____

Employment approved by: _____
 Director Department Manager