



Application for Employment

Pre-Employment Questionnaire
Equal Opportunity Employer

Date: _____

Personal Information

Name:		Social Security No.	
Current Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Home No.	Alternate No.	Referred By	

Desired Employment

Position	Date You Can Start	Salary Desired
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Ever Applied to This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when _____	

Education History

Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
Elementary School			
High School			
College			
Trade, Business or Correspondence School			

General Information

Subjects or special study, work or special training/skills	
U.S. Military or Naval Service	Rank

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Former Employment (list the last four employers, starting with the most recent one first)

Date (month & year)	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
General Responsibilities				
From				
To				
General Responsibilities				
From				
To				
General Responsibilities				
From				
To				
General Responsibilities				

Reference (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 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 Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____ Signature _____